PUBLIC RECORDS REQUEST FORM

241 SE 7th Street Madras, OR 97741 | ph: 541-475-3351 | jcld.org

This form must be completed and submitted to the Jefferson County Library District ("District") in order to inspect or obtain copies of District records (as defined under ORS 192.311-192.431). Persons interested in making a public records request are advised to review the district's Public Records Request Policy. You may contact the district if you have questions about this form or the process of requesting a public record.

Requestor Information:

Name: _____ Date: _____

Email: _____ Phone #: _____

Mailing address (street, city, state, zip code): _____

_____

Description of the records you seek (please be specific):
Please describe the public record(s) you are requesting. Provide a sufficiently detailed description of the requested public record(s), including the dates, subject matter, and such other information concerning the requested public record(s).

Please choose one option:

____ I would like to inspect the records.
____ I would like electronic copies of the records.
____ I would like paper copies of the records mailed to me, and I will be charged for postage.

Requestors signature:_____ Date: _____

Office Use Only:

Date stamp:

Action: *Approved / Forwarded to attorney / Denied* *Fees:*

Notes: _____

_____ *Staff initials:*

_____