

OFFICE USE ONLY-- Please stamp date received here:



PUBLIC RECORDS REQUEST

Urban Flood Safety and Water Quality District
(503) 281-5675 – FAX (503) 281-0392 – info@urbanfloodsafetyor.gov
www.urbanfloodsafetyor.gov
1880 NE Elrod Drive, Portland, Oregon 97211

*This form is used to process public record requests in accordance with ORS 192.430 and 192.440.
Please use the contact information above to fax, email, or mail your request to the District.*

Date: _____

Requestor Name _____

Affiliation/Organization (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Please Select One of the Following:

I wish to receive copies of the requested records.

I wish to arrange an opportunity to personally inspect the requested records.

DESCRIPTION OF RECORDS

To facilitate the public's access to records in the District's possession, and to avoid unnecessary expenditure of staff time, persons requesting access to public records for inspection or copying, or who submit written requests for copies of public records, will describe the records requested with particularity, including the dates, subject matter, and such other detail as may be necessary to enable staff to readily locate the desired records.

REQUESTED FORMAT

In consideration of the environment, District documents will be produced electronically and emailed to requestor unless otherwise specified by the requestor below or necessitated by the nature of the document. Documents may be made available on a thumb drive for an additional charge. Individuals with disabilities recognized under the ADA may request documents in alternative formats at no additional charge.

Fee schedule and signature line on back of this sheet.

FEES

Maximum Fee: \$25.00 unless the requestor is provided with a written notification of the estimated amount of the fee and the requestor confirms that s/he wants the District to proceed.

- **Copies of Public Records; Certified Copies:**
 - 15 cents per copy for black and white standard, letter size copies
 - 25 cents per copy for color standard, letter size copies.
 - 8.5 x 14" or 11 x 17" copies shall be 50 cents per copy for black and white copies
 - \$1.00 per 8.5 x 14" or 11 x 17" per copy for color copies.
 - Certified copies: 50 cents per document.
 - CD or thumb drive requested for documents: actual cost of item (not including audio recordings).

- **Copies of Sound Recordings:** Copies of sound recordings of meetings shall be the actual cost to make the copy and shall be made available on a CD (no additional charge for CD).
- **Copies of Maps and Other Nonstandard Documents:** Charges for copying maps or other nonstandard size documents will be the actual costs incurred by the District.
- **Research Fees:**
 - First 15 minutes searching or reviewing records prior to their review or release for copying is free.
 - \$5.00 for every ¼ hour after that. The amount shall not be more than the actual cost to the District of the employee's time.
- **Additional Charges:** If a request is of such magnitude and nature that compliance would disrupt the District's normal operation, the District may impose such additional charges as are necessary to reimburse the District for its actual costs of producing the records.
- **Reduced Fee or Free Copies:** Whenever it determines that furnishing copies of public records in its possession at a reduced fee or without costs would be in the public interest, the Board or Executive Director may so authorize. ORS 192.440(5).

ON-SITE REVIEW

If a request to review original records is made, the District shall permit such a review provided that staff response fees are paid in advance as described above. A representative will be present at any time original records are reviewed, and the charges for standing by while the records are reviewed shall be the same as the charges for searching or reviewing records.

The total cost for retrieving and copying documents must be paid before the documents will be issued or made available for inspection.

Payments must be made by check or cash only.

By signing I acknowledge having made this request and agree to abide by the fee schedule above.

Signature _____

STAFF USE ONLY

Information request received _____; delivered _____; by _____
(date) (date) (UFSWQD Staff person)

Via _____ (method of delivery of documents)

Total Cost \$ _____