



Discovery Request Form

Deputy City Recorder's Office

362 N. 3rd Avenue

Stayton, OR 97383

(503) 769-3425

(503) 769-1456 (FAX)

aangelo@ci.stayton.or.us

Requester Information (Please print clearly):

Name:		Request Date:	
Mailing Address:			
Daytime Phone:		Email Address:	
Fax Number:			
Preferred method of contact:		<input type="checkbox"/> Mail	<input type="checkbox"/> Phone
		<input type="checkbox"/> Email	
<p>ORS 192.440(3)(a) authorizes the City to charge fees associated with public records requests. For details, please refer to the City's Fee Schedule in Resolution No. 916. Every attempt will be made to provide the requested records in a timely manner. ORS 192.430 allows the public body a reasonable time to respond to a records request. The amount of time that is reasonable will depend upon the volume of the records requested, the staff available to respond to the records request, and the difficulty in determining whether any of the records are exempt from disclosure.</p> <p><u>For Police Records: Under Oregon Public Records Law, CASES STILL UNDER INVESTIGATION OR A CRIMINAL ARREST PENDING A COURT HEARING ARE NOT RELEASEABLE.</u></p>			
I wish to:		<input type="checkbox"/> View a record	<input type="checkbox"/> Request a photocopy of a record
		<input type="checkbox"/> Listen to audio of meeting (s)	<input type="checkbox"/> Request an audio copy from a meeting(s)
Description of Records Requested <i>(Describe in detail the type of document you are requesting. Include name, date, incident number, date of birth, address, author, title, etc. The more detail, the better. If you need more room, please attach additional sheets.):</i>			
Police Incident Report <i>(Incident #, Date, Time, Location):</i>		Open Records Check <i>(Include name and DOB or Location):</i>	
Preferred method of receiving the described records: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: _____ <i>Note: Additional charges may be assessed, e.g. postage or staff time for faxing material.</i>			

The City will respond to your request as soon as practicable and without unreasonable delay. Documents will be mailed or provided to the requester within 14 days of receipt of full payment.

- ♦ If the estimated costs involved in fulfilling your request exceed \$25, the City will advise you of the estimated costs and require your approval before beginning the request.
- ♦ If the fee estimate exceeds \$100, a 50% deposit may be required to begin work.
- ♦ Full payment of the total amount of costs incurred is required before the public records are inspected or copies are released.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and further agree to pay the cost of fulfilling this Public Records Request according to the conditions set forth above. These costs may include the cost of searching for records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing records. I agree to pay a maximum of \$25 without further approval.

Signature of Requester _____ Date _____

City of Stayton Use Only

Approved (date & initial) _____ Receipt # _____ Paid: \$ _____

Denied (date & initial) _____ Reason: _____

Judge's Signature _____


Requestor notified of status of request (date / time / by): _____

City Staff: All Record Request Forms, along with City Response Forms, are filed with the Deputy City Recorder

CITY OF STAYTON: RESPONSE TO PUBLIC RECORDS REQUEST

Requester's Name: _____ **Date of Request:** _____

The City of Stayton acknowledges receipt of your Public Records Request and responds as follows:

OFFICE USE	
Response Date / By:	_____ / _____
_____ / _____	_____ / _____
_____ / _____	_____ / _____
_____ / _____	_____ / _____
_____ / _____	_____ / _____
Research/Labor Charges:	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
Reproduction Charges:	_____
_____ pages	_____
\$ _____	_____
Total Deposit Received:	\$ _____
Deposit Date:	_____ / _____ / _____
Receipt No:	# _____
Remainder Due:	\$ _____
Payment Date:	_____ / _____ / _____
Receipt No:	# _____
	

<input type="checkbox"/>	Enclosed are copies of all requested public records for which the City does not claim an exemption from disclosure. \$ _____ Payable in full at the time copies are provided. (For fees not exceeding \$25.00)
<input type="checkbox"/>	The City will provide copies of all requested public records for which the City does not claim an exemption from disclosure, as soon as practicable . \$ _____ Payable in full at the time copies are provided. (For fees not exceeding \$25.00)
<input type="checkbox"/>	Some or all of the public records requested are exempt from disclosure and will be redacted or not provided. _____ (state or federal law)
<input type="checkbox"/>	The City requests additional information or clarification before the City can search for the records and make an appropriate response. Please contact _____ to provide more detail on the type of document, date, author, title, etc.
<input type="checkbox"/>	The City is uncertain whether it possesses the public records , and will search for the records and make an appropriate response as soon as practicable.
<input type="checkbox"/>	The City does not possess or is not the custodian of the requested public records.
<input type="checkbox"/>	_____ (state or federal law) prohibits the City from Acknowledging whether the record exists ; or acknowledging whether the record exists would result in the loss of federal benefits or other sanctions.
<input type="checkbox"/>	The City is the custodian of at least some of the requested public records and an estimate of the time and fees for disclosure of the public records will be provided by the City within a reasonable time.
<input type="checkbox"/>	The City is the custodian of at least some of the requested public records and the estimated fees exceed \$25.00. Please sign below and return this agreement authorizing the City to proceed.
Estimated time the City requires before the public records may be inspected or copies provided: Date: _____ / _____ / _____ Time: _____	
Estimated fees that the requester must pay as a condition of receiving the public records: \$ _____. 50% Deposit required to proceed: \$ _____.	
AUTHORIZATION TO INCUR COSTS AND AGREEMENT TO PAY COST OF PROCEEDING WITH YOUR PUBLIC RECORDS REQUEST when estimated fees exceed \$25.00: A 50% deposit may be required to proceed with your request. Full payment of the total amount of costs incurred is required before the public records are inspected or copies are released.	
I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and further agree to pay the cost of fulfilling this Public Records Request according to the conditions set forth above. These costs may include the cost of locating records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing records.	
Signature of Requester _____	Date _____
Requester's Name (Please type or print clearly) _____	
After signing, return to: _____ (City Contact and/or Department)	
<i>Office Use: Upon completion of Public Records Request & Response, file the double-sided form with the Deputy City Recorder.</i>	