



# Public Records Request

*(Office Use Only)*

Date Filed:

Estimate Date:

Amount/Fee:

Receipt No:

Product Issuance Date:

Reviewer:

This is a request to review public documents or records of the City of Fairview pursuant to the Public Records Act. I understand that the documents or records requested may not be immediately available for my review and that I may need to make an appointment to review the documents of records, and that there is a cost for obtaining copies of documents or records. If research time is required, I understand I will be notified of the estimated cost prior to retrieving the documents or records. If I then choose to accept the proposed estimate, I will provide the City written confirmation to proceed with Public Records Request. I also understand that a deposit of \$32.00 must be paid in advance if the research is anticipated to take longer than 15 minutes.

Request - The documents/ records for review or have copied include (be specific):

Site Map & Tax Lot + Address:

Applicant Name:

Phone Number:

Mailing Address:

Fax Number:

City/State/Zip:

Email Address:

Business Name/Affiliation:

Phone Number:

Email Address:

**I AGREE TO REIMBURSE THE CITY OF FAIRVIEW FOR ALL APPLICABLE EXPENSES:**

Applicant Signature(s) & Date:

1.

2.

**Office Use Only:**

No. of addresses requested:

Applicable Files:

No. Copies @ .25/page:

\$

Current Mailing Rate:

\$

Est. Hours @ Actual Labor Cost/ hr<sup>1</sup>:

\$

Total Fee – (Note a \$32.00 deposit and minimum required):

\$

Approved:

City Administrator or designee)

Submit to City Recorder's Office: Mail to 1300 NE Village Street, Fairview, OR 97024,  
Email to [leymasterd@ci.fairview.or.us](mailto:leymasterd@ci.fairview.or.us), or Fax to 503-666-0888.

<sup>1</sup> If the City Attorney reviews the documents, the actual cost to the city will be added to any amount due.