EXHIBIT 2



CITY OF PORTLAND UNIFORM PUBLIC RECORDS REQUEST FORM

Date of Request:		
REQUESTOR INFORMATION		
Name:		
Mailing Address:		
City, State, Zip:	Daytime Phone:	
E-mail Address:	Fax:	·
Preferred method of contact: OM	fail OPhone OE-mail OFax	
REQUEST DETAILS	-	
1. Is this request related to a lawsuit	t involving the City of Portland?	·
If "yes," enter the case name	e, court docket number, or other identify in	g information:
2. Is this request related to a tort cla	aims notice involving the City of Portland?	· .
If "yes," enter the claimant's	s name and, if known, the incident date:	
3. If you answered "yes" to question or tort claim?	n 1 <u>or</u> question 2, are you making this requ	est on behalf of a party in the lawsuit
NOTE: If "yes," enter "City This is required by state law	y Attorney's Office" for question 4 <u>in addi</u> y (ORS 192.420(2)(a)).	tion to any other applicable bureaus.
4. Bureau or office, if known (a cop	by of this form must be submitted to each):	
	e possible if the custodian determines that benefit the general public? Please explain	

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6. Does this request pertain to personnel records	?		
NOTE: If "yes," please attach a signed release from the employee.			
7. How would you prefer to have this request ful	filled?		
I would like to inspect the record I would like electronic copies mand sent to me.			
DESCRIPTION OF RECORDS REQUESTED			
Please include the following when describing the as possible:	materials requested, to the extent known and with as much detail		
 Type of document Date Author Title Address of any real property at issue Subject matter 			
NOTE: Additional sheets may be added if no Description:	ecessary.		
 If the estimated costs involved in fulfilling your require your approval before beginning work If the fee estimate exceeds \$100, a 50% depo Full payment of the total amount of costs incompose released. NOTE: Police reports cannot be obtained the Police Bureau. I HAVE READ AND AGREE TO COMPLY WITH 			
the cost of searching for records, reviewing record	ds to redact exempt material, supervising the inspection of records, ecords. I agree to pay a maximum of \$25 without further		
Signature of Requestor	Date		