



CITY OF PORTLAND UNIFORM PUBLIC RECORDS REQUEST FORM

Date of Request: _____

REQUESTOR INFORMATION

Name: _____

Mailing Address: _____

Phone: _____ E-mail Address: _____ Fax: _____

Preferred method of contact: ☐ Mail ☐ Phone ☐ E-mail ☐ Fax

REQUEST DETAILS

1. Is this request related to a lawsuit involving the City of Portland? _____

If "yes," enter the case name, court docket number, or other identifying information:

2. Is this request related to a tort claims notice involving the City of Portland? _____

If "yes," enter the claimant's name and, if known, the incident date:

3. If you answered "yes" to question 1 or question 2, are you making this request on behalf of a party in the lawsuit or tort claim? _____

NOTE: If "yes," enter "City Attorney's Office" for question 4 in addition to any other applicable bureaus. This is required by state law (ORS 192.314(2)(a)).

4. Bureau or office, if known (a copy of this form must be submitted to each):

5. A fee reduction or waiver may be possible if the custodian determines that this request is primarily in the public interest. Please answer the following:

a. How you or your organization intends to use the information:

b. How the information will benefit the wider public:

c. How you or your organization intends to disseminate the information to the wider public:

6. Does this request pertain to personnel records? _____

NOTE: If "yes," please attach a signed release from the employee.

7. Choose one of the following statements for immigration purposes:

☐ I certify that I AM making this request for the purpose of enforcement of federal immigration laws.

☐ I certify that I AM NOT making this request for the purpose of enforcement of federal immigration laws. (Choose this option if you are requesting records about yourself for your own immigration application)

8. How would you prefer to have this request fulfilled?

☐ I would like to inspect the records.

☐ I would like photocopies made and sent to me.

☐ I would like electronic copies made and sent to me.

☐ I would like photocopies made and held for me to pick up.

DESCRIPTION OF RECORDS REQUESTED

Please include the following when describing the materials requested, to the extent known and with as much detail as possible:

- | | | |
|--------------------|------------------|---|
| • Type of document | • Date | • Title |
| • Author | • Subject matter | • Address of any real property at issue |

Description (additional sheets may be added if necessary):

- The City will respond to your request as soon as practicable and without unreasonable delay.
- If the estimated costs involved in fulfilling your request exceed \$25, the City will advise you of those costs and require your approval before beginning work. For Police reports, \$30 is required for up to 10 pages and \$2 for each additional page, unless you are eligible for a fee waiver.
- If the fee estimate exceeds \$25, a 50% deposit may be required to begin work.
- Full payment of the total amount of costs incurred is required before the public records may be inspected or copies 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 Requestor _____ Date _____