

**CITY OF JOHN DAY**  
Public Records Request Form

This Public Records Request Form must be completed and submitted to the City of John Day in order to inspect or obtain copies of the City's public records (as defined under ORS 192.410 - 192.505). Persons interested in making a public records request are advised to review the City's public records request policy and procedures found in Ordinance No. 10-141-01. You may contact the City Recorder if you have any questions or concerns regarding this form or the public records request process.

**A.     Requester Information**

Name of Requesting Individual: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_ Email: \_\_\_\_\_

**B.     Record(s) Requested**

Describe the public record(s) you are requesting. Please provide a sufficiently detailed description of the public records requested, including the dates, subject matter, and such other information concerning the requested public records as may be necessary to enable City personnel to search for and locate the public records.

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**C.     Purpose of Records Request**

Because the identity and motive of the person seeking disclosure of a particular public record may be relevant in determining whether a record is exempt from mandatory disclosure under a conditional exemption, please provide a brief statement as to the purpose of your public records request.

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**D.     Receiving Record(s)**

Please specify the delivery/inspection date desired and preferred method of receiving the requested public record(s), if applicable. The City will not guaranty that the requested public records will be delivered or made available by your desired delivery date.

☐ I would like to view/inspect the record(s) on \_\_\_\_\_.

☐ I would like to receive copies of the requested public record(s) not later than \_\_\_\_\_ by:

☐ Mail

☐ Facsimile

☐ Will pick-up

☐ Email

I have received and reviewed the City's fee schedule attached to this form. \_\_\_\_ **(initial)**

I understand that I will not receive the requested public records unless and until I have paid the fees estimated by the City for providing the requested public records. If the City's estimate of fees exceeds the City's actual cost, the overpayment will be refunded to me. \_\_\_\_ **(initial)**

By signing below, I certify that the information provided above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For City of John Day Use Only**

Date Request Received: \_\_\_\_\_ Time: \_\_\_\_\_

☐ Request Approved – requester notified on: \_\_\_\_\_ by: \_\_\_\_\_

☐ Telephone

☐ Mail

☐ Fax

☐ Email

☐ Request Denied – requester notified on: \_\_\_\_\_ by: \_\_\_\_\_

☐ Telephone

☐ Mail

☐ Fax

☐ Email

Reason for Denial:

☐ Office does not maintain record(s) ☐ Other: \_\_\_\_\_

Request filled by: \_\_\_\_\_ Date: \_\_\_\_\_ Fees: \_\_\_\_\_