



REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Date: _____

Requester's Name: _____

Requester's Address: _____

Telephone: _____

Email: _____

City of Turner

**5255 Chicago Street SE ▪ P.O. Box 456
Turner, OR 97392**

**Phone: 503-743-2155
Fax: 503-743-4010**

I (we), _____ (name(s), request that the City of Turner and its employees make available for inspection or provide a copy or copies of the following records:

1. _____
(Name or description of record)

2. _____
(Name or description of record)

_____ I wish to arrange an opportunity to personally inspect the requested records.

_____ I wish to receive digital copies of the requested records.

_____ I wish to receive hard copies of the requested records.

I understand that the first 30 minutes of research and preparation is free, the next 30 minutes will be billed at \$20, and any additional time required will be billed at \$50/hour. Black & white photocopies are \$.20/copy. In addition, all actual costs, including attorney review, may be charged to me. I may request an estimated cost and may be required to deposit the estimated amount prior to the research commencing.

Requester's Signature(s)