

CLACKAMAS COUNTY DA's OFFICE

PUBLIC RECORDS REQUEST

REQUESTOR INFORMATION					
Name:	Date of R	Date of Request:			
Mailing Address:	-				
City, State, Zip: Daytime Phone:					
Email Address:	Fax Numb	Fax Number:			
Preferred Method of Contact (check one)	Mail 🗌	Phone	Email 🗌	Fax []
Is this request related to a lawsuit in which Clackamas County or the Clackamas County District Attorney's Office is a party, or a tort claims notice filed with the County? Yes No					
Copies may be furnished without charge or at a substantially reduced fee if there is a determination that the waiver or reduction of fees is in the public interest. Does this request primarily benefit the general public? If Yes, please describe the public benefit in the below description of your request.				Yes 🗌	No 🗆
DESCRIPTION OF RECORDS REQUESTED					
Please describe the materials you are requesting in as much detail as possible: type of document, date, author, title, etc. If you need more room, please attach additional sheets. Please indicate the date the information is desired. Indicate if you want to inspect the records or if you need certified copies of the records. If no indication is made, regular copies will be provided.					
(Attach additional sheets as necessary.)					
 The DA's office will respond to your request within 5 working days. If the estimated costs involved in fulfilling your request exceed \$25, the County will advise you of the estimated costs and require your approval before beginning work. Pre-payment of the estimated costs may be required before taking further action on your request. Full payment of the total amount of costs incurred may be required before the public records are inspected or copies are 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 locating 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			