

# CITY OF DONALD

10710 Main Street NE • PO Box 388 • Donald, OR 97020-0388

Phone 503-678-5543 • Fax 503-678-2750

[www.donaldoregon.gov](http://www.donaldoregon.gov)

## PUBLIC RECORDS REQUEST POLICY

The Request for Public Records form is used to process public records requests in accordance with the Oregon Public Records Law (ORS 192). Anyone wanting to inspect or obtain copies of public records, which are in the custody of the City of Donald, must complete the form and submit it by mail, email, or fax to:

City of Donald  
Attn: City Manager  
10710 Main Street NE  
PO Box 388  
Donald OR 97020

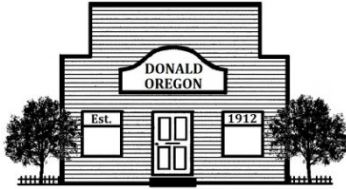
Email: [CityManager@donaldoregon.gov](mailto:CityManager@donaldoregon.gov)  
Fax: 503-678-2750

The City will acknowledge receipt of, or complete, the request within five (5) business days of receiving it. If additional time is needed to complete the request, the City will provide a written statement, within fifteen (15) business days, that the request is being processed and provide a reasonable estimated date of completion. If the request is expected to require more than fifteen (15) minutes for City Hall staff to locate or make copies, you will be informed of the estimated fee before the research is initiated.

If inspection of documents is preferred over copies, such inspection shall occur during normal business hours. An acceptable inspection time and place will be arranged between the requestor and City staff.

The City of Donald calculates fees for public records requests in the following manner:

- Copy Fee, per page
  - \$0.25 for 8 ½ x 11
  - \$1.00 for 8 ½ x 14 or 11 x 17
  - \$2.00 for 8 ½ x 14 or 11 x 17 (color)
- Copies of nonstandard records
  - Actual cost of materials and use of equipment
- CD or USB
  - \$20.00
- Fax
  - \$1.00 for the 1<sup>st</sup> page and \$0.25 for each additional page
- Postage
  - Actual cost
- Email
  - Free up to 150 mb. plus staff time
- Attorney fee
  - Actual cost of time to review, redact, segregate records
- Staff time
  - No charge for the first 15 minutes
  - \$40/hour for Clerical, charged at 15 min increments
  - \$60/hour for Managerial, charged at 15 min increments



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## REQUEST FOR PUBLIC RECORDS

Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Information or records being requested. Please include as much detail as possible – record type, dates, names, case, or file number. Attach additional sheet if needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I wish to receive copies of the requested record by: \_\_\_ Email \_\_\_ Fax \_\_\_ Mail

\_\_\_ I wish to arrange an opportunity to personally inspect the requested record.

I understand that Oregon Public Records Law grants each person the right to inspect any public record of a public body, except as otherwise expressly provided by ORS 192.346 to 192.360. In most cases, fees will be charged to reimburse the City for its actual cost in making the records available. Such calculations may include staff time, costs for summarizing, compiling, or tailoring a record to meet the request. I hereby request that the City of Donald produce, to the best of their ability, the records specified above. Payment in advance is required for charges estimated to be over \$10.00. Payment of any balance due must be received prior to the requested materials being released.

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

### FOR CITY OF DONALD STAFF USE ONLY

Date Received _____	Estimated Completion Date _____
Est. Cost \$ _____	Date Paid _____
Date Notified _____	# of Copies _____ @ _____ \$ _____
Date Completed _____	Staff time _____ hrs. @ _____ \$ _____
Denied Date _____	Additional charges _____
Reason Denied _____	Balance Due \$ _____
Completed by _____	Date Paid _____