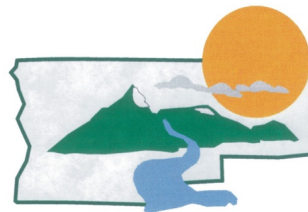


JEFFERSON COUNTY PUBLIC RECORDS REQUEST



ORS 192.314 grants each person the right to inspect the records of a public body (unless exempt from disclosure). County staff will contact you within five business days of receiving this request.

Date: _____ Daytime Phone: _____

Contact Name: _____ Alternate Phone: _____

Address: _____

Email Address: _____ Form of Response: ☐ Email ☐ Mail ☐ Pick up

This form must be submitted to: Jefferson County
66 SE D Street, Madras, OR 97741
Phone: 541-475-2449 Fax: 541-475-4454
publicrecords@co.jefferson.or.us

Description of records requested (please be as specific as possible, attach additional pages if necessary):

Fees: Photocopies.....\$.30/page

Research Fee...\$40.00/hour/1/2 hour minimum

Computer Quick Prints.....\$.40/page

CD/USB Flash Drive.....\$25.00

STAFF USE ONLY

Response within **five business days**:

☐ County is the custodian of requested records.

☐ County is not the custodian of the requested records.

☐ Uncertain whether County is the custodian of the requested records.

Response within **ten business days**:

☐ Requested records provided or exemption described, response complete.

☐ County expects request to be completed no later than _____; provided in writing. ☐ Cost estimate provided exceeds \$25, awaiting confirmation.

By: _____

Comments: _____

Time spent: _____

Number of copies: _____

Fees paid: _____