



Where Life is Sweet

CITY OF HERMISTON

180 NE 2nd St, Hermiston, OR 97838

Phone: 541-567-5521

Email: lalarcon-strong@hermiston.or.us

PUBLIC RECORDS REQUEST

Attention Requester: This form is to be used for general public records requests, for inspection or copies, held by the City of Hermiston. Requests must be made in writing, using this form, and submitted to: City Recorder Lilly Alarcon-Strong at the information above. Police Department and Municipal Court records must be requested separately, through each department, using a similar, but different form. The City shall respond to public record requests within five (5) working days of receipt, excluding staff absences. Oregon law allows City's to recoup costs, from requesters, to fulfill records requests, including: summarizing, compiling and/or tailoring public records, as well as actual costs of staff time spent searching, locating, reviewing, redacting, copying and/or sending records to the requester. Some requests involve higher costs depending on the staff time required for research, or the time involved to complete requests. The requester will be notified of the fees associated with filling the request. The total fee is due before the records will be processed. If the request is denied, a specific reason(s) will be given. Public bodies are not required to explain or answer questions about their public records, nor are they required to create public records where none exist. Fee schedule attached.

Requester Information (Please print legibly)

Name, First and Last & Organization/Business Name:		Date of Request:
Mailing Address including City, State, & Zip Code:		
Email Address:	Daytime Phone:	
Signature:	Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	

Request is for: <input type="checkbox"/> Inspection of Public Records (will be reviewed at City Hall) <input type="checkbox"/> Copies (either paper or electronic) of Public Records
How would you like to receive these records? <input type="checkbox"/> Pick-Up at City Hall <input type="checkbox"/> Emailed <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Other (DVD, CD, or USB)

Information Requested: Be specific and provide as much detail as possible that will allow City staff to determine the nature, content, and department within which the record(s) may be located, including: date ranges and key words. _____

**** FEES ARE NON-REFUNDABLE****

Paper Copies (per page, per side)- In addition to other fees		Electronic Formats- In addition to other fees	
\$0.25	Black & white- up to 11x17	Actual Cost	DVD, CD, or USB
\$1.00	Color & photos- up to 11x17	\$35.00	<ul style="list-style-type: none"> • Minimum Charge for copy of Audio & Video Recording, in addition to other fees. • "Lengthy Requests" fee waived for 1st hour of processing.
Actual Cost	<ul style="list-style-type: none"> • All documents larger than 11x17 • Maps • Nonstandard Documents 		
Processing Fees- In addition to other fees			
\$2.00/page	Certification of true and original copy		
Actual Cost	Attorney Fees		
\$35.00/hr	<ul style="list-style-type: none"> • " Lengthy requests" (requests over 15 mins to complete), in addition to other fees. • Fee's charged at 15 min increments. • Requests less than 15 mins to process may be waived, excluding serial requests. 		
<p>**A waiver or reduction of fees can be given if the requested record(s) primarily benefit the general public. If you'd like to apply for a waiver or fee reduction, please explain how the record benefits the general public or why the City should consider a waiver/reduction of fees for other reason(s): _____</p> <p>_____</p> <p>_____</p>			

STAFF USE ONLY

Date Received:	Actual Fees Paid: \$
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___ The fee estimate for this public records request is \$_____. This fee must be paid in full prior to file retrieval. You have 60-days (by _____) to pay this amount in full before this request is considered closed. Please keep in mind this fee is an *estimate* and may require additional funds. Staff Response Date & Initials: _____

___ The City will require additional time to process this request for the following reason(s):

___ The City is uncertain if we are the custodian of the requested record

___ Staff necessary to complete a response is unavailable

___ Compliance would demonstrably impede the public body's ability to perform other necessary services

___ The volume of public records requests being simultaneously processed

Estimated Date of Completion: _____ Staff Response Date & Initials: _____

___ Copies of all requested records, for which we do not claim an exemption, are enclosed.

___ Requested records, for which we do not claim an exemption, are available for inspection. Please call to schedule an inspection appointment, within 60-days from the completed date below. Records will be unavailable after 60-days.

___ Requested information is already publicly available and can be located at: _____

___ We are not the custodian of the requested record. _____

___ Requested records are exempt from inspection, copying, and/or disclosure under the Open Records Law for the following reason(s): _____

___ Requester may seek review of the City's determination pursuant to ORS 192.411, 192.418, 192.422, 192.427, and 192.431.

___ Other: _____

Completed/Denied Date

City Recorder Signature