



City of Lakeside

REQUEST FOR PUBLIC RECORDS

Requester's Name: _____

Mailing Address: _____

Street

City

State

Zip

Daytime Phone Number: _____ Email: _____

Description of records (Please be as specific as possible. If known, include author, recipient, title, date or date range, etc.)

After the City retrieves the requested records, I request:

Inspection Only Copy All Inspection, then copy selected pages

I understand and acknowledge that The City of Lakeside does not warrant the accuracy or completeness of information contained in public records or any data provided electronically. In addition, I understand that while the City of Lakeside tries to respond to requests within five business days or as soon as practicable and without unreasonable delay, public bodies by law do not have a specific deadline for responding to requests.

Signature

Date

ORS 192.423 (1) Condensation of public record subject to disclosure; When a public record is subject to disclosure, in lieu of making the public record available for inspection by providing a copy of the record, the public body may prepare and release a condensation from the record of the significant facts that are not otherwise exempt from disclosure.

ORS 192.502 (4) Other public records exempt from disclosure. Information submitted to a public body in confidence and not otherwise required by law to be submitted, where such information should reasonably be considered confidential, the public body has obliged itself in good faith not to disclose the information, and when the public interest would suffer by the disclosure.

FOR USE BY PUBLIC RECORDS OFFICER

	DATE	INITIALS	
DATE RECEIVED	_____	_____	# OF TAPES _____
NOTICE SENT	_____	_____	
REQUEST APPROVED/SATISFIED:	_____	_____	# OF COPIES _____
REQUEST DENIED:	_____	_____	
EXEMPTION STATEMENT:	_____	_____	

TOTAL AMOUNT DUE = _____ DATE PAID: _____ RECEIPT #: _____