

**For Office Use Only**  
Date of Last Action:

**City of Talent**

P.O. Box 445 • 110 East Main Street • Talent, OR 97540

Phone: (541) 535-1566 • Fax: (541) 535-7423

**REQUEST FOR PUBLIC RECORD(S)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Date Request Rec'd: \_\_\_\_\_

Received By: \_\_\_\_\_

Amount Paid: \_\_\_\_\_\*

Receipt #: \_\_\_\_\_

Date of File/Occurance: \_\_\_\_\_

Information Requested: \_\_\_\_\_

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

By signing this request, I acknowledge that I will be required to pay in advance\* before my request is processed. I understand that if the costs are more than the estimate I will be expected to pay the extra charge. In the event that the costs are less than estimated I will receive a refund.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Forwarded to: \_\_\_ City Manager \_\_\_ City Attorney Date forwarded: \_\_\_\_\_

Signature authorization to commence research: \_\_\_\_\_

Staff member assigned: \_\_\_\_\_

Fees:	Actual
Miscellaneous Fees: <i>(see attached schedule)</i>	\$
Labor Cost:	+\$
TOTAL COST:	\$
<b>TOTAL AMOUNT DUE:</b>	<b>\$</b>
<b>Or AMOUNT TO REFUND:</b>	<b>\$</b>

Date Items Available: \_\_\_\_\_

Date Notified: \_\_\_\_\_

Notified By: \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt # \_\_\_\_\_

Disposition: \_\_\_ Paid & picked up

\_\_\_ Never picked up

*\*Exception: Established fees for certain items (e.g. Police Report, Business License Master List, etc.) or if the requestor has a payment method already established (e.g. Visa, MasterCard, etc.)*