

For Office Use Only

Date of last action: _____

City of Talent

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

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

Request for Public Record(s)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ E-mail: _____

Date of File/Occurrence: _____

Information Requested:

By signing this request, electronically or otherwise, I acknowledge that, per ORS 192.324, City of Talent shall respond to all public records requests within 5 business days and must fulfill the request within an additional 10 business days or issue a written response that estimates how long fulfilling the request will take. If any material contained in this request is exempt from disclosure, I understand that the City will provide the reason for exemption.

I am aware that, if there is a fee* to retrieve the requested document(s), I will be notified by the City and will be required to pay that fee before my request is processed.

Signed: _____ Date: _____

Print Name: _____

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Staff member assigned: _____

Signature authorization to commence research: _____

Forwarded to: City Manager City Attorney Date forwarded: _____

Fees and Payment	
Labor Cost	\$
Misc. Fees	\$
TOTAL DUE	\$
Amount Paid	\$
Receipt #	

Date items available: _____

Date notified: _____ By: _____

Disposition: Paid & picked up Never picked up
 Other:

** If costs are more than the estimate, the requester will be notified and expected to pay the extra charge. If costs are less than estimated, the requester will receive a refund. Please note that there are established fees for certain items (e.g. Police Report, Business License Master List, etc.).*