

Request for Disclosure of Public Records

Date _____

Requestor's Information:

Name _____

Address _____

Telephone _____

Email _____

Records Requested:

Type of record _____

(example: policy, procedure, budget, financial report, etc.)

Date(s) of record _____

Subject matter of record _____

Any additional information that would assist in efficiently locating the record:

- I wish to receive electronic copies of the requested records. My email address is included above.
- I wish to receive paper copies of the requested records. I understand there may be a fee for copying the records.
- I wish to arrange an opportunity to personally inspect the requested records.

Return form to:
 Library Director
 26 South G St
 Lakeview, OR 97630

Signature