



City of Keizer
P.O. Box 21000
Keizer, Oregon 97307
(503)390-3700/(503)393-9437 FAX

PUBLIC RECORDS REQUEST FORM

Name: _____ Date Requested: _____

Address: _____

Telephone/Fax: _____ Email: _____

Will this information be used for commercial purposes? Yes No

Have you contacted any other City of Keizer employee about this request? If yes,
name of employee contacted _____

Records/Documents Being Requested

**Please attach any additional background information that will help
City staff to locate the records requested**

Every attempt is made to provide the information within 30 days. The City Recorder coordinates the requests and may request a review by the City Attorney to assess disclosure requirements of the information requested.

Oregon Revised Statutes (ORS) 192.440(5) authorizes the City to charge fees associated with public records requests. An estimate will be provided to you for the records request. After the estimate is given to the requestor, the City Recorder's Office must receive written authorization from the requestor before proceeding with the records request. The requestor will be notified if costs exceed the written estimate given. In addition, a refund will be given if costs are less than estimated.

Signature and Date

For Staff Use

Information provided via
____ Telephone
____ E-mail
____ Letter

REQUEST COMPLETED by _____ on _____