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PUBLIC RECORDS REQUEST FORM

Name of Requestor:		
	(Please Print)	
Mailing Address:		
City/State/Zip:	Telephone/Fax:	
Email:	·	
How would you prefer to have this request fu	Ifilled?	
O I would like to inspect the records.	O I would like photocopies made and sent to me.	
O I would like electronic copies sent me.	O I would like photocopies made available for pick up.	
Will this information be used for commercial purposes? YES \(\) NO \(\) If you have contacted another City of Hillsboro employee about this request, please list his/her name, department and date contacted: Please include the following when describing the records requested, to the extent known and with as much detail as possible: • Dates (start to end) • Type of document (reports, memos, correspondence, studies) • Address of any real property at issue		
Description:		

Use the back of this sheet if more room is needed. Please attach any additional background information that will help City staff locate represented records.

Description (continued from page 1):	
public records available. The actual cost may is body staff in locating the public records; review supervising a person's inspection of original do records; certifying documents as true copies; or	ed Resolution No. 2582, establishing a system of
to respond to the request. An additional percel City benefits received by the staff person. The	y hour wage rate multiplied by the time estimated ntage will be added as compensation for the actuare will be no charge for the first half hour of staff it. See Public Records Request Policy and Feeme, and reproduction costs.
Signature of Requestor	Date