

# Public Record Request Form

Name of Requester: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Description of document requested: *(Be as specific as possible. Attach additional sheet if necessary.)*

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How would you like the requested records to be delivered?

By Mail \_\_\_\_\_ Electronically if available \_\_\_\_\_ Onsite inspection \_\_\_\_\_

Leave completed form in office OR send completed form by email, mail or fax to

[johnson.city@comcast.net](mailto:johnson.city@comcast.net)

16121 SE 81<sup>st</sup> Ave., Johnson City, OR 9726, FAX 503-723-0317