



CITY OF GRESHAM
PUBLIC RECORDS REQUEST FORM

REQUESTOR INFORMATION

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

Name: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ Mail \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax

Is this request related to a lawsuit in which the City of Gresham is a party, or a tort claims notice filed with the City of Gresham? \_\_\_\_\_ Yes \_\_\_\_\_ No

RECORD TYPE (Check all that apply.):

- Development Applications, Planning Records, Building Permit Records, Inspection Records, Development Engineering, Dept. of Environmental Services, Code Enforcement Records, Rental Housing Inspection Records, Fire Reports, Police Reports or Accident Reports, Police Records, Internet Technology Dept. Records, Personnel Records, Finance Records, Mayor and Council Records, Ordinances or Resolutions, Other

DESCRIPTION OF RECORDS REQUESTED:

Please describe the materials you are requesting in as much detail as possible: type of document, date, author, title, etc. If you need more room, please attach additional sheets. If your request includes personnel records, a signed release from the employee may be required. If request includes records for a specific property you must include the property address.

Property Address (if applicable) \_\_\_\_\_

- The City will respond to your request as soon as practicable and without unreasonable delay. If the estimated costs involved in fulfilling your request exceed \$25, the City will advise you of the estimated costs and require your approval before beginning the work. If the fee estimate exceeds \$25, a deposit may be required to begin the work. Full payment of the total amount of costs incurred is required before the public records are inspected or copies are released.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and further agree to pay the cost of fulfilling this Public Records Request according to the conditions set forth above. I understand these costs may include the cost of searching for records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing record. I agree to pay a deposit of the estimated costs, if required. I also understand that the documents or records requested may not be immediately available for my review and that I may need to make an appointment to review the documents or records. I acknowledge that any documents or records made available to review must not be disassembled and must be left intact, and that I cannot make copies myself.

Signature of Requestor \_\_\_\_\_

**For office use only.**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

**Action Taken:**

Reviewed File       Research Required

Provided Copies of \_\_\_\_\_

**Costs / Charges:**

**Copies – Standard Public Records**

No. of Copies	Description	Amount
	25¢ per page / side (8 ½ x 11 OR 8 ½ x 14)	
	50¢ per page / side (11 x 17)	

**Copies – Oversize Copies (Maps / Plans / Construction Drawings) / Black & White**

No. of Copies	Description	Amount
	\$1 per page – A Size (8 ½ x 11)	
	\$1 per page – B Size (11 x 17)	
	\$4 per page – C Size (18 x 24)	
	\$5.50 per page – D Size (24 x 36)	
	\$8 per page – E Size (36 x 48)	

**Copies – Other (i.e., Comprehensive Plan, Public Works Standards (See Public Records Fee Schedule for applicable charges.))**

No. of Copies	Description	Amount

**Research Fees / Supplemental Labor Fees**

Level 1 Request: Up to 30 Minutes / Copy Cost Only

Level 2 Request: 30 Minutes to 2 Hours / Copy Cost + \$35 per hour

Level 3 Request: Over 2 Hours / Copy Cost + Actual Employee Cost + Benefits + Overhead

Request Level	Staff Person / Description of Work	Hourly Rate	Estimated No. of Hours	Estimated Research Cost	Actual No. of Hours	Actual Amount

Deposit Required \_\_\_\_\_ Yes \_\_\_\_\_ No

Deposit Amount \_\_\_\_\_

**Final Accounting**

Total Due: \$ \_\_\_\_\_ minus Deposit (if required) \$ \_\_\_\_\_ = Balance Due \$ \_\_\_\_\_ **OR**

Refund Due \$ \_\_\_\_\_