



Request #:	_____
Date request rcvd:	_____
Date request acknowledged:	_____
Date payment rcvd:	_____
Date response sent:	_____
Request completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PUBLIC RECORDS REQUEST FORM

Printed name: \_\_\_\_\_ Organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Preference:     E-Mail     Mail

**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.

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**DESIRED ACTION FOR DOCUMENTS:**     View only     Purchase copies     Receive electronically

Requestor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Medford Water will process your request and/or respond within 5 business days.***

FOR OFFICE USE ONLY	
<b>Pursuant to ORS 192.440(2)(a)-(f), your request:</b>	
<input type="checkbox"/>	is attached/enclosed.
<input type="checkbox"/>	will require more time to process and a deposit to cover administrative costs. See attached estimate for details.
<input type="checkbox"/>	will require more time to process. An estimate will be provided within a reasonable time.
<input type="checkbox"/>	has been forwarded to the _____ department to determine if the record exists; you will be contacted shortly.
<input type="checkbox"/>	was unable to be completed because Medford Water does not possess or is not the custodian of the records.
<input type="checkbox"/>	was unable to be completed because the records are exempt under state or federal law.
<input type="checkbox"/>	other / requires additional or more specific information: