

**SUNRIVER SERVICE DISTRICT
PUBLIC RECORDS ACT REQUEST FORM**

Please fill out a separate form for each request

Date of request: _____

Specific Details of Request

Date of Occurrence: Month: _____ Date: _____ Year: _____

Information Requested: _____

2016/17 Fee Schedule: Research fee \$ 25.00 per hour, with a 15 min minimum

Copies of Documents: \$.10 per page

CONDITIONS:

All Public Records Act Requests by non-public safety agencies or individuals must be submitted on this form and must be specific as to what information is being requested. The form in which the information is provided will be determined by the Sunriver Service District. Any request for information held by the Sunriver Service District must be made to the Service District or it will not be released.

DIRECTIONS:

Fill out this form and fax it or send it *without payment* to: The Sunriver Service District, P.O. Box 2108, Sunriver, OR 97707, ssdadmin@sunriversd.org or Fax Number: (541) 593-2768. The balance due for documents will be determined and submitted to The Sunriver Service District Accounting Department within five (5) business days upon receiving your request. The Sunriver Service District Accounting Department will bill you for the amount owed. Once receipt of payment has been verified by the Sunriver Service District Accounting Department, your request will be processed by the custodian of the Public Records.

I agree to the Fee Schedule and Conditions as written above.

Printed Name of Requestor

Signature of Requestor

Physical Address of Requestor

City, State, and Zip Code

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Phone Number

Internal Use Only

Received Date: _____ Estimate Amount: \$ _____ Total Due: \$ _____

Completed Date: _____ Amount Received: \$ _____ Received By: _____