



Home of the Tualatin River National Wildlife Refuge

Request for Records

22560 SW Pine Street
Sherwood, OR 97140
Main Fax (503) 625-5524
City Recorder Fax (503) 625-4254
Phone (503) 625-5522
Website: www.sherwoodoregon.gov

ORS 192.420 allows for the right "of every person" to inspect any nonexempt public record of a public body in Oregon. The City will respond to record requests within five (5) business days and will provide records within twenty (20) business days. Time required will depend upon the volume of records requested, the available staff to respond to the request, and the difficulty in determining whether the records are exempt from disclosure. The City's need to consult with other agencies may also need to be taken into account. **Submit your request to the City Recorders office.**

Today's Date: _____ **Email:** _____

Name: _____ **Phone Number:** _____

Address: _____
Street City Zip

Please check how you would like to receive the requested records:
Review at City Offices Pick Up Email U.S. Mail

Have you contacted someone within the City about this request? Yes No
Name _____
Dept.: _____

Please make your request as complete and detailed as possible to expedite your records request. Please attach additional page if needed. Record or document requested:

Staff time is billed in 15-minute increments according to the calculations shown on the current Fee Schedule, available on the City's website listed above. An estimate of charges will be calculated and a 50% deposit required upon receipt of request. Balance will be due upon pick-up of record(s) requested.
Photocopies 8.5 x 11 are .15 single/.25 double Audio/Video/Data Disk \$25 each
Please see the City of Sherwood Fee Schedule for a complete list of fees.

Estimated Fees: _____ **Deposit Amount:** _____

For Staff Use Only

Request Received By: _____ **Date:** _____
Number of pages copied: _____ **Time Spent** _____
Number of Audio/Video/Data Disk provided: _____
Deposit Paid _____ **Check #** _____ **Cash** _____ **Visa/MC** _____
Balance Paid _____ **Check #** _____ **Cash** _____ **Visa/MC** _____

Date Record (s) Picked Up: _____ **Customer Signature:** _____

Provided Electronically: **Date:** _____ **Staff Initials:** _____