

City of Rockaway Beach, Oregon Office of the City Recorder

276 S. Highway 101, PO Box 5 Rockaway Beach, OR 97136 PHONE (503) 374-1752 FAX (503) 374-0601

cityrecorder@corb.us

Public Records Request

Under state law, every person in Oregon has a right to inspect any **nonexempt** public record. To make a formal records request, submit this form to the Office of the City Recorder. The public records request policy is set by Resolution 23-996, and costs are established by resolution of the City Council. For Sheriff's Department requests, use the Sheriff's Office Records Request Form.

Name:			Phone:
Address:			Email:
(Please be as	specific as p	ossible. Clearly provide the	tion of the following records in your office: type of record(s) requested, subject matter, date and key words or phrases. Attach additional sheet if
How would you Email	u like to recei Mail	ive these records? Pick-Up at City Hall	Make appointment to view at City Hall

By signing this form, I understand that the City of Rockaway Beach (the city) has adopted reasonable measures to ensure the integrity of its records and effectiveness of its office operations. The city will respond in writing as soon as practicable and without undue delay. If any material contained in this request is exempt from disclosure, I understand the city will provide the name of the document and the reason for the exemption. I am aware that there may be costs related to this request based on the fee structure adopted by the City Council, and I am aware that I will be notified by the city if any fees need to be paid to complete this request.