Bend Park & Recreation DISTRICT

Public Records Request Form

Section A – Requestor Information

NAME OF REQUESTING INDIVIDUAL		DATE OF REQUEST
PHONE		EMAIL
FIRM OR TRADE NAME		
BUSINESS ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)		
CITY	STATE	ZIP

Section B – Record(s) Requested

Describe the record you are requesting. Please be as specific as possible and include enough detail to assist the district's staff in locating the record(s). For multiple records, attach additional pages.

DESCRIPTION OF RECORDS REQUESTED AND INTENDED USE

_____ _____

Requestor Signature Date

Section C – Receiving Record(s)

Per ORS 192.324, for public records request with an estimated cost of more than $25 Bend Park & Recreation District is required to provide the requestor with a written notification of the estimated amount of the fee. The fee is due in advance if the requestor wants the district to proceed with making the records available.

The district estimate of job cost: $_____

Requestor confirms receipt of job estimate and authorization to proceed with making records available. Requestor agrees to the terms of pre-payment of estimated job costs, and agrees to pay for any additional costs after job completion.

_____ _____

Requestor Signature Date

OFFICE USE ONLY

ESTIMATE	**REQUEST STATUS**	**PAYMENT STATUS**
An estimate of $_____was	☐ Authorization to Proceed	Amount Received: $_____
provided on _____	☐ Request Withdrawn	☐ Cash ☐ Check
by _____	☐ Information provided and request completed	