



CITY OF THE DALLES

313 COURT STREET
THE DALLES, OREGON 97058

(541) 296-5481 ext. 1122
FAX (541) 296-6906

REQUEST FOR PUBLIC INFORMATION

Date of Request: _____

Name: _____

Address: _____

Telephone: _____

Organization Represented: _____

I hereby request the following information from the City of The Dalles:

Information Requested to be Delivered by (date): _____

I understand City of The Dalles current fee schedule requires the City to charge an administrative fee to cover the cost of research, supervision, inspection, production and reproduction of city records for distribution to members of the public. Fees shall be payable in advance of receipt of materials or service when practical. I hereby agree to pay for the cost of producing the information requested according to the requirements set forth in the resolution establishing the City's current fee schedule. If the estimated fee for providing the information will exceed \$25.00, I understand the City will notify me of the estimated fee and confirm if I want the City to proceed with making the records available. (ORS 192.440(4)(c)).

Signed: _____

Office Use Only:

Received by: _____

Fee Paid: _____

Date: _____

Receipt: _____