



Request #:	_____
Date request rcvd:	_____
Date request acknowledged:	_____
Date payment rcvd:	_____
Date response sent:	_____
Request completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No

PUBLIC RECORDS REQUEST FORM

Printed name: _____ Organization: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Contact Preference: E-Mail Mail

DESCRIPTION OF RECORDS REQUESTED:

Please describe the materials you are requesting in as much detail as possible: type of document, date, author, title, etc. If you need more room, please attach additional sheets.

DESIRED ACTION FOR DOCUMENTS: View only Purchase copies Receive electronically

Requestor's signature: _____ Date: _____

Medford Water will process your request and/or respond within 5 business days.

FOR OFFICE USE ONLY	
Pursuant to ORS 192.324, your request:	
<input type="checkbox"/>	is attached/enclosed.
<input type="checkbox"/>	will require more time to process and a deposit to cover administrative costs. See attached estimate for details.
<input type="checkbox"/>	will require more time to process. An estimate will be provided within a reasonable time.
<input type="checkbox"/>	has been forwarded to the _____ department to determine if the record exists; you will be contacted shortly.
<input type="checkbox"/>	was unable to be completed because Medford Water does not possess or is not the custodian of the records.
<input type="checkbox"/>	was unable to be completed because the records are exempt under state or federal law.
<input type="checkbox"/>	other / requires additional or more specific information: