



# Public Records Request

City of Manzanita  
543 Laneda Avenue  
P.O. Box 129  
Manzanita, OR 97130

Name: _____	Phone: _____
Address: _____	Email: _____
City/State/Zip: _____	

Provide detailed description of documents requested: *(Attached additional sheet if needed)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REQUESTOR TO READ AND SIGN UPON SUBMITTING REQUEST

I understand that every person has a right to inspect any public record of a public body in this state, except as otherwise provided by ORS 192.496 to 192.505. I understand that the documents or records requested may not be immediately available for my review and that the City will respond to my request as soon as practicable and without a unreasonable delay. I acknowledge that there may be a cost for the research time to retrieve the requested records and costs for duplication of requested documents. If research time is requested, I understand I will be notified of the estimated cost prior to retrieving the documents or records. I also understand that prepayment for research time and copies may be required. I acknowledge that any documents or records made available to review must not be disassembled and must be left intact.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

### FOR INTERNAL USE ONLY

Police Report: \$15.00	#Reports: _____	\$ _____
Copies: \$0.25 per page	#Copies made: _____	\$ _____
Service charge : \$5.00 simple report		
\$10.00 complex report		\$ _____
Mailing labels: \$0.10 per label	#Labels: _____	\$ _____
CD: \$5.00	#CDs: _____	\$ _____
Other:		
_____		\$ _____
_____		\$ _____

Receipt# \_\_\_\_\_

**Total amount received** \$ \_\_\_\_\_

Request Filled by: \_\_\_\_\_