

**CITY OF NEWPORT, OREGON
PUBLIC RECORDS REQUEST FORM**

TO: _____ Date: _____
(City Recorder)

I request inspection and/or copies of the following records - provide sufficient information to identify the specific document(s) requested:

(Name of Requestor)

(Address of Requestor)

(Daytime Phone Number)

(E-Mail Address of Requestor)

Submit requests to: Erik Glover, Assistant City Manager/City Recorder at e.glover@newportoregon.gov

(for office use only)

Your records request has been approved or denied

Your request has been **approved** and the following estimated fees will be charged:

\$ _____

\$ _____

\$ _____

Fees paid: _____ TOTAL \$ _____
(date)

Your request has been **denied** based on all or part of the requested records exemption for the following reasons:

(Custodian Name)

(Custodian Title)

(Custodian Signature)

(Date)

(City Recorder Signature)

(Date)