

**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:

If any material contained in this request is exempt from disclosure, I understand you will provide the name of the document and the reason for the exemption.

(Name of Requestor) (Address of Requestor)

(Daytime Phone Number) (Signature of Requestor)

(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)