

**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:

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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)

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(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:

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\_\_\_\_\_  
(Custodian Name) (Custodian Title)

\_\_\_\_\_  
(Custodian Signature) (Date)

\_\_\_\_\_  
(City Recorder Signature) (Date)