



# PUBLIC RECORDS REQUEST FORM\*

## Lebanon Police Dept.

40 N 2nd St #100  
 Lebanon, OR 97355  
 541.258.4930 Phone  
 541.451.1716 Fax  
[records@ci.lebanon.or.us](mailto:records@ci.lebanon.or.us)

\*The City will not recognize/accept any other means of public records requests.

### Requester Information (Please print clearly):

Name:		Request Date:	
Mailing Address:			
Daytime Phone:		Email Address:	
		Fax Number:	
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email			
Is this request related to a lawsuit in which the City of Lebanon is a party, or a tort claims notice filed with the City of Lebanon? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, claimant name and incident date: ____ / ____ / ____			
Copies may be furnished without charge or at a substantially reduced fee if the custodian determines that the waiver or reduction of fees is in the public interest because making the record available primarily benefits and will be distributed to the public at large, not an individual or group. Does this request primarily benefit the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please describe the particular or specific public benefit below in the "Description of Records Requested" box.			
<b>Description of Records Requested</b> <i>(Describe in detail the type of document, date, author, title, etc. If you need more room, please attach additional sheet(s). Please indicate if you want to inspect the records or if you need certified copies of the records. If no indication is made, regular copies will be provided):</i>			
Preferred method of receiving the described records: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax			
<i>Note: Additional charges may be assessed, e.g. postage or staff time for faxing material.</i>			

The City will respond to your request as soon as practicable and without unreasonable delay.

- ♦ If the estimated costs involved in fulfilling your request exceed \$25, the City will advise you of the estimated costs and require your approval before beginning the request.
- ♦ If the fee estimate exceeds \$100, a 50% deposit may be required to begin work.
- ♦ Full payment of the total amount of costs incurred is required before the public records are inspected or copies are released.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and further agree to pay the cost of fulfilling this Public Records Request per the conditions set forth above. These costs may include the cost of searching for records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing records. I agree to pay a maximum of \$25 without further approval.

Signature of Requester \_\_\_\_\_ Date \_\_\_\_\_

__ 192.345(40)(c) __ 192.329(d) __ 192.345(1) __ 192.355(4) __ 192.363(1) __ 192.377(1)(2) __ Other:
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