Public Records Request

Date_____

Name_____

Address_____

Phone _____

Fax_____

Email_____

Please describe in detail, complete with dates, the public documents you are requesting.

_____
_____
_____
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_____

There is a reasonable document fee charge for requests. A fee will be calculated and provide to you. Payment must be made before documents will be prepared.

For office use only:
Date Request was received_____
Personnel initials_____Date materials were picked up_____
Total cost_____ Payment info_____

This request can be mailed or submitted to: records@4riverscs.org

2449 SW 4th Ave. Ontario, OR 97914 Phone (541) 889-3715 Fax (541) 889-3718