

**City of Wheeler  
Public Records Request**



Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Return completed form to: City Hall, City of Wheeler, P.O. Box 177, Wheeler, OR 97147 or to citymanager@ci.wheeler.or.us. Public Records Requests may also be faxed to 503-368-4273.

Provide detailed description of records requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUESTOR TO READ AND SIGN UPON SUBMITTING REQUEST**

I understand that every person has a right to inspect any public record of a public body in this state, except as otherwise provided by ORS 192.496 to 192.505. I understand that the documents or records requested may not be immediately available for my review and that the City will respond to my request as soon as practicable and without a unreasonable delay. I acknowledge that there may be a cost for the research time to retrieve the requested records and costs for duplication of requested documents. If research time is requested, I understand I will be notified of the estimated cost prior to retrieving the documents or records. I also understand that prepayment for research time and copies may be required. I acknowledge that any documents or records made available to review must not be disassembled and must be left intact.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

**FOR INTERNAL USE ONLY**

Email per page: \$0.25 #Pages: \_\_\_\_\_ \$ \_\_\_\_\_

Copies: \$0.30 per page #Copies made: \_\_\_\_\_ \$ \_\_\_\_\_

Public records research: \$10.00 per quarter hour #quarter hours: \_\_\_\_\_ \$ \_\_\_\_\_

Total amount received \$ \_\_\_\_\_ Request Filled by: \_\_\_\_\_