

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 97174 or to
citymgrwheeler@nehalem.tel.net. 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 an 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: _____

This organization is an equal opportunity provider.