



20 East Main St
Ashland, OR 97520

REQUEST FOR PUBLIC RECORDS

The following information is to be filled out by the person requesting records:

Date of Request: _____

Requestor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

If this is an emergency request, indicate the date desired and please describe the nature of the emergency:

RECORDS REQUESTED: (Please state the title and date of the record(s) being requested) _____

Please describe any additional information that will help us locate the records for you as quickly as possible:

Requestor's Signature: _____ **Date:** _____

For City Use Only

Staff person who received the Request: _____ Date: _____

Number of Copies: _____ Total Charge: _____

Staff person who provided the records: _____

Date: _____ Client Name Receiving records: _____