

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS FORM

Requestor Name			Daytime Phone Number		Date		
Mailing Address	ress		City	State		Zip	
				(;) CD			
This is a request to:	☐ Inspec	t Records	☐ Receive Copy(ies) of Records				
Convigas) Formati							
Copy(ies) Format:							
☐ Hard Copy	□ PDF □	MP3 (Audio)) □ MOV (Video)	☐ Other _			
Do your copies need to be certified? ☐ Yes ☐ No							
Vehicle for Copy(ies), if not Hard Copy or Email:							
□ CD	☐ Flash Drive		VHS Tape	☐ Other_			
Special Handling: Will pick up Mail to the mailing address above							
special framating.							
☐ Email record(s) to: Email Address							
☐ Fax record(s) to: Fax Number							
Title of Record(s)		Description		Date(s) of Record	(s)	
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I have read and agree to/understand the attached Disclosure of Records and Records Fee Schedule policy. Signature						Date	

19601 NE Halsey Street, Portland, OR 97230-7430, Phone - 503-665-4179, Fax - 503-667-5108, website - www.rwpud.org