## SUNRIVER SERVICE DISTRICT PUBLIC RECORDS ACT REQUEST FORM

\*\* Please fill out a separate form for each request \*\*

Specific Details of Request					
Date of Occurrer	nce (if applicable): Month:	:	Date:	Year:	
Information Requ	uested:				
Fee Schedule:	Copies of Documents:	\$			
	Electronic Copies:	\$			
	Total:	\$			

## **CONDITIONS:**

All Public Records Act Requests by non-public safety agencies or individuals must be submitted on this form and must be specific as to what information is being requested. The form in which the information is provided will be determined by the Sunriver Service District. Any request for records of the Sunriver Service District must be made to the Sunriver Service District at the address shown below. The approved fee schedule is available to review at the Sunriver Service District office.

## **DIRECTIONS:**

Fill out this form and fax it or send it *without payment* to: The Sunriver Service District, P.O. Box 2108, Sunriver, OR 97707. Fax Number: (541) 593-2768. The balance due for records will be determined, and you will be notified of the amount owed. Your records request will be processed by the Sunriver Service District Custodian of Public Records, and you will be notified when the records are ready for pickup. At the time of pickup, please pay for the records by check, made payable to "The Sunriver Service District", for the exact amount owed. Your records may be picked up from the Sunriver Fire Department front office, located at 57475 Abbot Drive, Sunriver OR 97707.

I hereby request the records described above.

Printed Name of Requestor		Signature of Requestor		
Physical Address of Requestor		City, State, and Zip Code		
() Phone Number		Email Address (if preferred method of contact)		
Internal Use Only				
Received Date:	Estimate Amount: \$	Total Due: \$		
Completed Date:	Amount Received: \$	Received By:		