

**Highlands Subdivision Water District  
Public Records Request Form**

This Public Records Request Form must be completed and submitted to the Highlands Subdistrict Water District ("District") to inspect or obtain copies of District's public records (as defined under ORS 192.311 - 192.431). Persons interested in making a public records request are advised to review District's public records request policy (Resolution No. 2025-02). You may contact District if you have any questions or concerns regarding this form or the public records request process.

**A. Requester Information**

Name of Requesting Individual: \_\_\_\_\_

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

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

Telephone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Record(s) Requested**

Describe the public record(s) you are requesting. Please provide a sufficiently detailed description of the public record(s) requested, including the dates, subject matter, and such other information concerning the requested public record(s) as may be necessary to enable District personnel to search for and locate the public record(s).

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☐ Mail      ☐ Facsimile      ☐ Will pick-up      ☐ Email

I have received and reviewed District's fee schedule. \_\_\_\_ (initial)

I understand that I will not receive the requested public record(s) unless and until I have paid the fees estimated by District for providing the requested public record(s). If the estimated fees exceed District's actual cost, the overpayment will be refunded to me. I will pay additional fees to the extent the estimated fees are less than the actual expenses incurred by District. \_\_\_\_ (initial)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For District Use Only**

Date Request Received: \_\_\_\_\_ Time: \_\_\_\_\_

Estimated Fees: \_\_\_\_\_

☐ Request Approved – requester notified on: \_\_\_\_\_ by: \_\_\_\_\_

☐ Telephone      ☐ Mail      ☐ Fax      ☐ Email      ☐ In-Person

☐ Request Forwarded to Attorney's For Review – forwarded on: \_\_\_\_\_ by: \_\_\_\_\_

☐ Request Denied – requester notified on: \_\_\_\_\_ by: \_\_\_\_\_

☐ Telephone      ☐ Mail      ☐ Fax      ☐ Email      ☐ In-Person

Reason for Denial:

☐ District does not maintain record(s)    ☐ Other: \_\_\_\_\_

Notes: \_\_\_\_\_  
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Request filled by: \_\_\_\_\_ Date: \_\_\_\_\_ Fees: \_\_\_\_\_