

CITY OF CANNON BEACH

Making a Public Records Request

A request for public records that are in the custody of the City of Cannon Beach may be made by submitting a written request to:

City Recorder Telephone: 503-436-8052
PO Box 368 Fax: 503-436-2050
163 E. Gower St. Email: recorder@ci.cannon-beach.or.us

Cannon Beach, OR 97110 police@ci.cannon-beach.or.us

The request may be submitted in person, by mail, by fax, or by e-mail. The form is available at City Hall and on the City website: http://www.ci.cannon-beach.or.us/ The request must include:

- The name and contact information of the person requesting the public record.
- A sufficiently detailed description of the record(s) requested to allow staff to search for and identify responsive records.
- The date of the request.
- The signature of the person requesting the public record indicating financial responsibility, if any.
- Indication of whether the requestor wishes to inspect the public record(s) at City Hall or receive a copy or copies of the public records(s).

CALCULATION OF FEES:

The City of Cannon Beach calculates fees for responding to public records requests in the following manner:

- \$0.25 per page for b/w photocopies / \$0.50 per page if duplexed (8 $\frac{1}{2}$ x 11, 8 $\frac{1}{2}$ x 14, 11 x 14)
- \$0.50 per page for color photocopies / \$1.00 per page if duplexed (8 ½ x11, 8 ½ x 14, 11 x 14)
- \$1.00 per page for 11x17 (single sided only)
- \$10.00 each for copies of any non-standard sized record
- \$10.00 each for Police Department DVDs, CDs and Police Reports
- \$10.00 each for 1st CD & \$5.00 each additional Audio CD of City Meetings
- \$10.00 per copy of videos, documents, booklets (i.e City budget, audit and zoning code)
- Labor Costs: the cost is based on the staff person's regular hourly wage multiplied by the time required to fulfill the request. (The first 15 minutes of staff time is not charged).
- The actual cost of delivery of records, such as postage or courier fees.
- Actual attorney fees charged to the City of Cannon Beach for the cost of time spent by an
 attorney in reviewing the public records, redacting material from the public records or
 segregating the public records into exempt and nonexempt records, to include Land Use
 Attorney or other specialist
- The City of Cannon Beach may require pre-payment of estimated fees before taking further action on a request if the estimate is \$50.00 or more.

Public Records Request Form

Notice: This form is used to process public record requests in accordance with the Oregon Public Records Law (ORS Chapter 192). The City of Cannon Beach fees are listed at the bottom of this form. Prepayment may be required for requests estimated to exceed \$50.00.

Your signature below acknowledges that you have read, understand and accept financial responsibility for the fees associated with this public records request.

| Signature: | | Date: | |
|---------------------------------------|---|---|--|
| Name of Requestor: | | Mailing Address: | |
| City: | State: | Zip Code: | |
| Daytime Phone Number: | | Fax Number: | |
| Email: | | | |
| | - | ssible, use additional sheets of paper if necessary): | |
| | | | |
| | | | |
| I wish to arrange an opportu | inity to personally inspe | ect the requested records. | |
| I wish to receive copies of t | he requested records via | a: Will pick up | |
| | | Postal Delivery | |
| | | Email | |
| | | Fax | |
| FEES: | | | |
| Staff Charges: | Current Rate (first 1 | Current Rate (first 15 minutes free) | |
| Photo Copies b/w: | | \$0.25 per page (8 ½ x11, 8 ½ x 14, 11 x17) | |
| Photo Copies b/w duplex: | \$0.50 per page (8 ½ x11, 8 ½ x 14, 11 x17) | | |
| Photo Copies color: | 1 1 0 | \$0.50 per page (8 ½ x11, 8 ½ x 14, 11 x17) | |
| Photo Copies color duplex | \$1.00 per page (8 ½ x11, 8 ½ x 14, 11 x17) | | |
| Police Dept. Case files, DVDs and CDs | \$10.00 each | | |
| Audio CD of City Meetings: | | \$10.00 for 1st CD, \$5.00 each additional | |
| Videos, documents, booklets: | \$10.00 per copy (i.e | City budget, audit and zoning code) | |
| aff Use Only: | | | |
| ate Received: Acc | tioned by: | Date Completed: | |
| aff Comments: | | | |
| RR Number: | Supervisor Approval: | | |