



City of Pilot Rock

PO Box 130 / 144 N Alder Pl, Pilot Rock, OR 97868

Phone 541-443-2811 • Fax 541-443-2253

Public Records Request Form

Oregon Public Records Law grants each person the right to inspect the records of a public body (unless exempt from disclosure). Please fill out this form completely and identify specifically the type of records you are requesting.

Full Name _____

Name of Organization (if applicable) _____

Mailing Address _____

Daytime Phone Number _____ Email Address _____

Have you contacted any other City of Pilot Rock employee about this request? If yes, employee name _____

Requested Information/Records: Please give a brief statement describing the requested information/records, being specific enough for the City to determine the nature, content and department within which the record(s) you are requesting may be located. If files are to be previewed before copies are requested, please identify documents you wish to have copied from the files and sign.

(please use back of document or attach pages if additional room is needed)

Signature _____

This form may be submitted

- By mail or in person to the City Recorder, City of Pilot Rock, PO Box 130, Pilot Rock OR 97868
- Faxed to City Recorder at 541-443-2253
- Email to City Recorder at teri.bacus@cityofpilotrock.org

FOR OFFICE USE ONLY

Date Received _____ Date Completed _____ Date Notified _____ Date picked up _____

Info Compiled by _____ Total Charges _____