CITY OF NEWPORT, OREGON
PUBLIC RECORDS REQUEST FORM

TO: _____________________________ Date: _____________________

______(City Recorder)

I request inspection □ and/or copies □ of the following records - provide sufficient information to identify the specific document(s) requested:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Name of Requestor) ____________________________ (Address of Requestor) ____________________________

(Daytime Phone Number) ____________________________ (E-Mail Address of Requestor) ____________________________

Submit requests to: Peggy Hawker, City Recorder/Special Projects Director, at p.hawker@newportoregon.gov.

(for office use only)

Your records request has been approved □ or denied □

Your request has been **approved** and the following estimated fees will be charged:

$ _______________________________________________________

$ _______________________________________________________

$ _______________________________________________________

Fees paid: ___________________ TOTAL $ ___________________

(date)

Your request has been **denied** based on all or part of the requested records exemption for the following reasons:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Custodian Name) ____________________________ (Custodian Title) ____________________________

(Custodian Signature) ____________________________ (Date) ____________________________

(City Recorder Signature) ____________________________ (Date) ____________________________