

**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:

If any material contained in this request is exempt from disclosure, I understand you will provide the name of the document and the reason for the exemption.

(Name of Requestor) (Address of Requestor)

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

***Please return form to the City Recorder at cityrecorder@newportoregon.gov or 169 SW Coast Hwy, Newport, OR 97365.**

(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)