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## Public Record Request

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

DOCUMENT/S REQUESTED: \_\_\_\_\_

\_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I UNDERSTAND THE BELOW LISTED FEES WILL BE CHARGED FOR TIME & COPIES.

SIGNATURE: \_\_\_\_\_

**Public Record Copies (up to 11"x17")**

**Copies of Public Record Meeting Tapes or CDs**

**B&W 15¢ each - Color 55¢ each**

**\$10 each**

### CHARGES FOR REIMBURSEMENT OF STAFF TIME

**City Administrator Time - \$53 per hour**

**Administrative Staff Time - \$32 per hour**

FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ TIME: \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ ASSIGNED TO: \_\_\_\_\_

DATE OF COMPLETION: \_\_\_\_\_ TIME INVOLVED: \_\_\_\_\_

AMOUNT DUE: \_\_\_\_\_