REQUEST FOR PUBLIC RECORDS

Name: _____ _____
First Last

Organization (Optional): _____

Address:_____
Street

_____ _____ _____
City State Zip Code

Phone Number: _____ Email Address:_____

Please describe your request with as much specificity as possible:

_____
_____
_____
_____
_____
_____

How do you want to access these records?

- ☐ Paper copies
- ☐ Electronic copy via Email
- ☐ Electronic copy via thumb drive
- ☐ Electronic copy via compact disk
- ☐ View originals on site
- ☐ Other _____

RVSS will acknowledge receipt of this request within 5 business days.
Within 10 business days after acknowledging the request, RVSS will either:

- Fulfill the request
- Notify you that the cost to fulfill the request will exceed $25, and provide you with a cost estimate.
- Notify you that time required to fulfill the request will be longer than 10 days, and provide you with an estimated time to complete.
- Notify you that the requested records are exempt from disclosure, and provide you with a reference to the statute that justifies the exemption.
- Notify you that the requested records are not available.

Fees for public records are defined in RVSS Schedule for Miscellaneous Fees

Send rquests for public records to: info@rvss-or.gov