

	Policy No: P-207
	Effective Date: May 4, 2015
	New <input type="checkbox"/> Revised <input checked="" type="checkbox"/>
PUBLIC RECORDS REQUEST	

PURPOSE

This policy provides guidance to ensure that SOWIB and its sub-recipients and contractors handle all requests for public information in a manner that is consistent with and complies with the public records law, while maintaining the confidentiality of program applicants and participants.

REFERENCES

Oregon Revised Statutes Chapter 192
Oregon Administrative Rules 635-001-0301, 0311, 0321 and 0331

POLICY

Public records, except those exempt from disclosure, shall be made available upon request for review, and copies shall be provided at a fee reasonably calculated to reimburse SOWIB for the actual costs incurred in making the records available.

A person or organization may request to inspect or receive copies of public record or information from public records by mail, fax, or e-mail.

The request must be made using the attached form. The request must identify as specifically as possible the type of records, subject matter, approximate dates, names of persons involved and the number of copies requested. Requests must include the name, address and telephone number of the person requesting the public records. Requesters may indicate the format in which copies are desired, and any date by which the records are needed. Requests should be directed to:

SOWIB
990 S 2nd St
Coos Bay OR 97420
Phone: 541-751-8523

SOWIB shall respond to the requestor in a timely manner after receipt of the request. The response will acknowledge the request, provide an estimated cost for meeting the request, give the expected date when the information will be available, and state the method for supplying the requested records.

Payment for the cost of meeting the request must be paid prior to release of the records.

PUBLIC RECORDS REQUEST

Section A - Requester Information

NAME OF REQUESTING INDIVIDUAL					TITLE		
PHONE		FAX		E-MAIL			
FIRM OR TRADE NAME							
BUSINESS ADDRESS							
CITY				STATE		ZIP	
MAILING ADDRESS (IF DIFFERENT)							
CITY				STATE		ZIP	

Section B - Record(s) requested

Describe the record you are requesting. Please be as specific as possible and include enough detail to assist our staff in locating the record(s). For multiple records, attach additional pages.

DESCRIPTION OF RECORDS REQUESTED							

Section C - Receiving record(s), certification

Please specify the delivery date desired, preferred method of receiving the requested record(s), and whether you require the records to be certified.

- | | |
|--|--|
| <input type="checkbox"/> I would like to receive the requested records no later than: _____
<small>(DATE)</small> | I prefer to receive the record(s) <ul style="list-style-type: none"> <input type="checkbox"/> By postal mail at the mailing address above <input type="checkbox"/> By e-mail at the e-mail address above <input type="checkbox"/> In person |
| <input type="checkbox"/> I would like to have the record(s) certified | |

Have you previously contacted us about this request? If so, please list.

PERSON CONTACTED REGARDING THIS REQUEST							

By signing below I certify that the information above is true and correct to the best of my knowledge.

SIGNATURE OF REQUESTING INDIVIDUAL					DATE		

Office use only

Estimate An estimate of \$ _____ <small>(AMOUNT)</small> was provided on _____ <small>(DATE)</small> by _____ <small>(BOARD STAFF)</small>	Request status <input type="checkbox"/> Authorization to proceed _____ <small>(DATE)</small> <input type="checkbox"/> Request withdrawn _____ <small>(DATE)</small> <input type="checkbox"/> Information provided and request completed _____ <small>(DATE)</small>	Payment status Amount received \$ _____ <small>(AMOUNT)</small> <input type="checkbox"/> Cash <input type="checkbox"/> Check _____ <small>(NUMBER)</small> <input type="checkbox"/> Other _____ <small>(DETAIL)</small>
Forward completed form to: SOWIB 990 S 2nd St Coos Bay OR 97420	<input type="checkbox"/> Information not provided - law excludes information requested <input type="checkbox"/> Other _____ <small>(DETAIL)</small>	SIGNATURE OF RECORD CUSTODIAN _____