



PUBLIC RECORDS REQUEST FORM

1195 SE Kemper Way Madras, OR 97741 | ph: 541-475-4253 | macrecdistrict.com

This form must be completed and submitted to the Madras Aquatic Center Recreation District ("District") in order to inspect or obtain copies of District records (as defined under ORS 192.311-192.431). Persons interested in making a public records request are advised to review the district's Public Records Request Policy. You may contact the district if you have questions about this form or the process of requesting a public record.

Requestor Information:

Name: _____ Date: _____

Email: _____ Phone #: _____

Mailing address (street, city, state, zip code): _____

Description of the records you seek (please be specific):

Please describe the public record(s) you are requesting. Provide a sufficiently detailed description of the requested public record(s), including the dates, subject matter, and such other information concerning the requested public record(s) as may be necessary to enable district

Please choose one option:

- I would like to inspect the records.
- I would like electronic copies of the records.
- I would like paper copies of the records mailed to me and I will be charged for postage.

Requestors signature: _____ Date: _____

Office Use Only:

Date stamp: _____	Action: <u>Approved / Forwarded to attorney / Denied</u>	Fees: _____
	Notes: _____	Staff initials: _____
	_____	_____
	_____	_____