



**CITY OF GASTON
REQUEST FOR EXAMINATION OF PUBLIC RECORDS
Under ORS 192**

Date: _____ Received by: _____

I, hereby, request examination of files relating to: _____

() All documents () Specific documents (*please state below*)

Name: _____

PLEASE PRINT

Signature: _____

Address: _____

Phone: (_____) _____

**PUBLIC RECORDS WILL BE AVAILBE FOR EXAMINATION FIVE (5) WORKING DAYS FROM DATE
OF REQUEST**

Portions of this file have been exempted from disclosure

YES _____ NO _____

A \$30.00/ hour minimum fee is assessed for clerical supervision of records when a request is made of 5 or more copies and if actual time of research exceeds 30 minutes. Any other cost incurred due to this request will be borne to the requestor.

Copies are \$.15 per document

_____ Hours at \$30.00/hour = _____

_____ Copies \$.15 per document = _____

Other Fees incurred :(mail, stamps, etc) at actual cost

Total Amount Due \$ _____

Signature: _____

Date: _____

OFFICE USE ONLY

Date received: _____ by: _____