



PUBLIC RECORD(S) REQUEST FORM

Parties requesting public records shall complete this Public Record(s) Request Form and submit it to the Director of Advancement, LBCC, 6500 Pacific Blvd. SW, Albany, OR 97321, accompanied by a deposit check in the amount of \$25.00 made payable to "Linn-Benton Community College." Requests will be accepted or denied in accordance with the College's Guidelines for Public Records Requests and ORS192. Board Policy 8030 and Administrative Rule 8030-01 are available at <http://www.linnbenton.edu> or by contacting the College's Advancement Office, (541) 917-4209.

Name / Organization of Requesting Party **Date**

Street **City**

State **Zip** **Telephone**

E-Mail Address

Preferred method of obtaining public records: **Pick up** **USPS** **E-Mail**
(circle corresponding selection)

Public record(s) requested. Requests shall be as precise as possible so the request can be processed in the least time and cost to the Requestor, and the College can be thorough and efficient in responding.

Document(s) and/or Project Name: _____

College Department or Area: _____

Reason/Purpose (optional): _____

I certify that the statements contained in this form are true and correct to the best of my knowledge and belief, that I have read and understood the Linn-Benton Community College Guidelines for Public Records Requests, and that I have attached the required \$25.00 deposit with this formal request. *(Where fees are waived or request is denied, the College will return deposit payment.)*

Name of Individual Requesting Records *(please print)*

Signature of Individual Submitting Request for Records Date

For College Use Only:

Request received by: _____ Date/Time: _____ Estimated Cost \$ _____
Actual Cost: Addtl. Pgs. _____ x \$0.10 per = \$ _____; Staff hrs _____ X \$ _____ (rate) = \$ _____
Total Cost \$ _____ Amount Paid \$ _____ Date request completed ____/____/____ By _____