

## **ODOT PUBLIC RECORDS REQUEST**

Please read <u>instructions (http://www.oregon.gov/ODOT/Forms/2ODOT/0489\_instr.pdf</u>) before completing and submitting this request. This form works best if you save it to your computer before completing.

## Section A – Requester information

NAME OF REQUESTING PARTY		REPRESENTING (GROUP OR ORGANIZATION)		REQUEST DATE
MAILING ADDRESS		CITY	STATE	ZIP
PHONE	EMAIL ADDRESS			

## Section B – Record(s) requested

DESCRIPTION OF RECORDS REQUESTED

Section C – Receiving record(s), certification			
CERTIFICATION	PREFERRED METHOD OF RECEIPT	PICK UP LOCATION (IF APPLICABLE)	
AREA(S) OF ODOT CONTACTED REGARDING THIS REQUEST			

Submitting this form:

Submit by email: Save completed form. Attach completed form to an email addressed to ODOTPRR@odot.state.or.us Submit by fax: (503) 986-4025

Submit in person or by mail: ODOT Records Officer, Business Services Branch MS 51, 355 Capitol St. NE, Salem, OR 97301 To request a public-interest waiver or reduction of fees, complete the Fee Waiver or Reduction Request below.

		ODOT OFFICE USE ONLY		
ESTIMATE AMOUNT	DATE ESTIMATE PROVIDED	DATE AUTHORIZED TO PROCEED	REQUEST WITHDRAWN	REQUEST COMPLETED
ACTUAL COST	PAYMENT RECEIVED	MISCELLANEOUS BILLING DATE	COMPLETED BY	COMPLETED BY
COMMENTS				

## PUBLIC INTEREST FEE WAIVER OR FEE REDUCTION REQUEST

The Oregon Department of Transportation requires that a requesting party fill out this form completely.

IAME OF REQUESTING	•	REPRESENTING (GROUP OR ORG.		REQUEST DATE
AILING ADDRESS		CITY	STATE	ZIP
HONE	EMAIL ADDRESS	I	L	
ease complete	the following questions. (If a	additional space needed, add anoth	ner sheet and specify questior	number.):
	uments requested:			,
. General back	ground/mission information	regarding requesting individual/gro	oup/organization as this inform	nation relates to
public record	requests from the The Ore	gon Department of Transportation:		
B. Purpose for v	which the requesting party in	ntends to use the information/record	ds requested:	
I. Specific abilit	ty (and plans) of requesting	party to disseminate the information	n to the general public:	
5. Explain how	dissemination of the records	s/information requested will benefit	the general public:	
6. Any other info	ormation that requesting pa	rty feels would be valuable in evalu	ating fee waiver/reduction rec	uest:
5			U U	
Submitting this	form			
-		Capitol Street NE, Salem, OR 97301	1	
		k Submit by Email button above to		
ax to: (503) 986		-	,	