ORS 190 Entity, Mid-Willamette Valley Homeless Alliance

Public Records Request Form

Date of Request:_____

Name of Requestor: _____

Mailing Address: _____

Email Address: _____

Contact Phone Number: _____

Preferred Method of Contact: ☐ Mail ☐ Phone ☐ Email

Format Requested: ☐ Inspection only ☐ Paper copies ☐ Digital copies

Describe with particularity the records you are requesting: _____

_____

_____

Identify relevant time frame (e.g., January 1, 2020, to present): _____

Any additional information to locate or identify documents being requested: _____

_____

By submitting this request, I certify that I have read MWVHA's Public Records Policy and I understand that I am responsible for paying MWVHA's costs for processing this public records request before any records are disclosed to me. I understand that costs vary on a case-by-case basis and are determined based on how much time is spent processing the request.

_____ _____

Signature of Requestor Date

Submit