



## Arch Cape Domestic Water Supply District

---

32065 East Shingle Mill Lane  
Arch Cape, OR 97102 • 503.436.2790

### Making a Public Records Request

A request for public records that are in the custody of the Arch Cape Domestic Water District may be made by submitting a written request to:

Matt Gardner, District Manager      Telephone: 503-436-2790  
32065 East Shingle Mill Ln.          Email: mattgardneracutil@gmail.com  
Arch Cape, OR 97102

The request may be submitted in person, by mail, or by e-mail. All requests for public records must be submitted on the District's Public Records Request Report Form. The form is available at the District office and on the District website: <https://www.archcapewater.org/public-information-requests>

The request must include:

- The name and contact information of the person requesting the public record.
- A sufficiently detailed description of the record(s) requested to allow staff to search for and identify responsive records.
- The date of the request.
- The signature of the person requesting the public record indicating financial responsibility, if any.
- Indication of whether the requestor wishes to inspect the public record(s) at the District Office or receive a copy or copies of the public records(s).

#### CALCULATION OF FEES:

The Arch Cape Domestic Water District calculates fees for responding to public records requests in the following manner:

- Labor Costs: If a request for records requires District personnel to spend more than 15 minutes searching or reviewing records prior to their review or release for copying, the minimum fee shall be \$50.00 per hour and additional charges shall be in ¼ hour increments.
- The District shall estimate the total amount of time required to respond to the records request, and the person making the request shall make payment for the estimated cost of the search and copying records in advance.
- Actual attorney fees charged to the Arch Cape Domestic Water District for the cost of time spent by an attorney in reviewing the public records, redacting material from the public records or segregating the public records into exempt and nonexempt records, to include Land Use Attorney or other specialist.
- \$0.25 per page for b/w photocopies / \$0.50 per page if duplexed
- \$0.50 per page for color photocopies / \$1.00 per page if duplexed
- \$1.00 per page for 11x17 (single sided only)
- The actual cost of delivery of records, such as postage or courier fees.
- Please refer to Policy 18-02 WD for all other records request procedures at: <https://www.archcapewater.org>.



## Arch Cape Domestic Water Supply District

32065 East Shingle Mill Lane  
Arch Cape, OR 97102 • 503.436.2790

### Public Records Request Form

**Notice:** This form is used to process public record requests in accordance with the Oregon Public Records Law (ORS Chapter 192). Arch Cape Domestic Water District fees are listed at the bottom of this form. Prepayment is required for requests requiring more than 15 minutes of staff time. *Your signature below acknowledges that you have read, understand and accept financial responsibility for the fees associated with this public records request.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of records requested (please be as specific as possible, use additional sheets of paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to arrange an opportunity to personally inspect the requested records.

I wish to receive copies of the requested records via:  Will pick up  
 Postal Delivery  
 Email

#### FEES:

Staff Charges:	Current Rate (first 15 minutes free)
Photo Copies b/w:	\$0.25 per page (8 ½ x11, 8 ½ x 14, 11 x17)
Photo Copies b/w duplex:	\$0.50 per page (8 ½ x11, 8 ½ x 14, 11 x17)
Photo Copies color:	\$0.50 per page (8 ½ x11, 8 ½ x 14, 11 x17)
Photo Copies color duplex	\$1.00 per page (8 ½ x11, 8 ½ x 14, 11 x17)
Shipping, Postage or Courier Fees	Actual Cost of Service

#### Staff Use Only:

Date Received: \_\_\_\_\_ Actioned by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Staff Comments: \_\_\_\_\_

PRR Number: \_\_\_\_\_