



REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

DATE: _____

REQUESTOR'S NAME(S): _____

REQUESTOR'S ADDRESS: _____

REQUESTOR'S PHONE NUMBER: _____ EMAIL: _____

I/we request that Sisters-Camp Sherman Fire District and its employees make available for inspection provide a copy of the following records:

1. _____ (Name or Description of Record)

2. _____ (Name or Description of Record)

3. _____ (Name or Description of Record)

4. _____ (Name or Description of Record)

By: _____

Signature

PLEASE FAX COPY TO 541-549-1343 OR RETURN SIGNED ORIGINAL TO: SISTERS-CAMP SHERMAN R.F.P.D., PO BOX 1509, SISTERS, OR 97759

For Official SCS RFPD Use Only.

REQUEST APPROVED _____ DATE

REQUEST DENIED _____ DATE

ESTIMATED FEE(S) (check all that apply):

COPIES: _____;

CERTIFIED COPIES: _____;

SOUND RECORDING COPIES: _____;

NON-STANDARD COPIES: _____;

RESEARCH FEES: _____;

ADDITIONAL CHARGES: _____;

FEE(S) WAIVED – Reason: _____