

# Metro Public Records Request Form



**Metro**

600 NE Grand Ave.  
Portland, OR 97232-2736

## REQUESTER INFORMATION

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Method of Contact:  Mail  Phone  Email  Fax

**DESCRIPTION OF RECORDS REQUESTED:** Please describe the materials you are requesting in as much detail as possible: type of document, date, author, title, etc. If you need more room, please attach additional sheets. If your request includes personnel records, a signed release from the employee is required. Please indicate whether you want to inspect the records or if you would prefer copies of the records.

- Metro will respond to your request as soon as possible.
- Costs may include staff time required for searching, retrieving and re-filing records; reviewing records to redact exempt material (upon review by legal staff); supervising the inspection of records; copying records; and mailing costs (see *Public Records Fees Worksheet*).
- If the estimated costs are less than \$25.00, payment will be due upon receipt.
- If the estimated costs exceed \$25.00, an estimate will be provided and will require your approval before work begins.
- If the estimated costs exceed \$100.00, a 50% deposit may be required before work begins.
- If you are requesting a waiver or fee reduction, please explain how this request is in the public interest.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and further agree to pay the cost of fulfilling this Public Records Request according to the conditions set forth above.

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

**To Be Completed By Metro Staff**

**Public Records Fee Worksheet**

**Last Updated July 1, 2018**

Item	Fee	Unit(s)	Total
<b>Standard Copy/Scan Fees</b>			
Standard per page copy/scan fees include staff time to reproduce the records			
B/W per side (any size)	\$0.25		
Color per side (any size)	\$1.50		
CD or USB Drive	\$5.00		
Photograph 3x5	\$2.00		
Photograph 5x7	\$5.00		
Photograph 8x10	\$10.00		
<b>Supplemental Fees</b>			
Third party fees subject to change			
Off-site Retrieval - Next Day	(1) Box \$69.80 (round-trip)		
Off-site Retrieval- Same Day	(1) Box \$104.70 (round-trip)		
Virtual File Transfer	(1) File \$37.66		
Certified Mail	\$6.75 per ounce		
Postage and shipping	<i>Current postal rates</i>		
Request filled via email	No Charge		No Charge
<b>Supplemental Labor Fees</b>			
If your request requires additional staff time, research, or attorney review, additional labor fees may be charged			
Administrative hourly fee	\$42.64/hour		
Professional hourly fee	\$62.89/hour		
Manager hourly fee	\$88.15/hour		
Attorney hourly fee	\$96.54/hour		
		<b>Total Charge:</b>	
		<b>Less Deposit:</b>	
		<b>Amount Due:</b>	

To request an invoice or pay by credit card:  
 Metro Accounting (503) 797-1620

Make checks payable to **Metro** and mail to:  
 Metro  
 Unit 20  
 PO Box 4500  
 Portland, Oregon 97208-4500

Payment (enclosed) made by:		<input type="radio"/> Check	<input type="radio"/> Cash	<input type="radio"/> Visa/Mastercard	<input type="radio"/> Invoice Requested (over \$25.00 only):		
Forward a copy of this Worksheet, the Public Records Request Form, and payment or Request for Invoice to Accounting. Include coding below for <u>both</u> materials and services:							
Account	Fund	Dept	Program	Sub Code	Project	FY	Amount
4211	010	99999	00600	X	X	18-19	