

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 submit a completed Fee Waiver/Reduction Request form.

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, 2019

Item	Fee	Unit(s)	Total
Standard Copy/Scan Fees			
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		
Supplemental Fees			
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
Supplemental Labor Fees			
If your request requires additional staff time, research, or attorney review, additional labor fees may be charged			
Administrative hourly fee	\$46.73/hour		
Professional hourly fee	\$68.91/hour		
Manager hourly fee	\$96.56/hour		
Attorney hourly fee	105.74/hour		
			Total Charge:
			Less Deposit:
			Amount Due:

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	19-20	