

Central Oregon Community College
2600 NW College Way
Bend, OR 97703
541-383-7596

PUBLIC RECORD(S) REQUEST

(See "Guidelines for Public Records Requests" COCC Procedures B-2-0 for additional instructions.)

Parties requesting public records are encouraged to complete the Public Record(s) Request form and submit it, accompanied by a check made out to "Central Oregon Community College" in the amount of \$25, to the Director of College Relations. This will allow the College to contact you for clarification of your request and notify you when the records are available for pickup. Requests will be accepted or denied in accordance with the College's Guidelines for Public Records Requests (COCC Procedures B-2-0).

Name of Requesting Party (i.e., business name)

Date

MAILING ADDRESS OF REQUESTING PARTY:

Street

City

State

Zip

Telephone

E-Mail Address

For special consideration by the college in waiving or reducing the total fee, provide nonprofit 501(c)3 status, if applicable. Indicate # _____.

Preferred method of obtaining public records (please make your preference known by initialing)

_____ Requesting party will pick up.

_____ College will deliver via U.S. Postal Service.

_____ College will deliver to email address above.

It is to everyone's advantage if requests are as precise and as narrow as possible. The requester benefits because the request can be processed more quickly and inexpensively. The college benefits because it can do a better job of responding to the request. The Oregon Public Records laws work best when both the requester and the college act cooperatively.

What public record(s) are you requesting? (Please specify.)

I certify that the statements contained in this form are true and correct to the best of my knowledge and belief, that I have read and understand the Central Oregon Community College Guidelines for Public Records Requests, and that I have attached the required \$25 deposit with this formal request. *(Where fees are waived or request is denied, College will promptly return deposit payment.)*

Name of Individual Requesting Records *(please print)*

Signature of Individual Submitting Request for Records

Date