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Request for Disclosure of Public Records

Requestor Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Description of Records:

Other information that could narrow the search such as dates and names:

I wish to receive copies of the requested records and agree to pay the cost of copies.

Fees shall be limited to no more than \$25.00 unless the requestor is provided with written notification of the estimated amount of the fee and the requestor confirms that s/he wants the District to proceed. Additional fees may be imposed for research time over fifteen minutes.