# Nehalem Bay Wastewater Agency

# PUBLIC RECORDS REQUEST

### **INSTRUCTIONS**

1. Requests must be in writing using the public records request form, available in the administration office or online at https://www.nbwaor.gov/

Submit requests to:

Nehalem Bay Wastewater Agency PO Box 219/35755 Seventh St, Nehalem OR 97131 Fax: 503-368-7211 Email: nbwa@nehalemtel.net

- 2. The administration office will submit a cost estimate in order to provide the requested documents, including copy charges, research time, and separating exempt from nonexempt materials (if required).
- 3. The administration office will then fulfill the request and present an invoice to be paid before release of the documents.

## **FEE SCHEDULE**

Photocopying charges: \$0.25/page Research cost: Staff hourly wage (first <sup>1</sup>/<sub>2</sub> hr. free)

| Date of Request: |                    |  |
|------------------|--------------------|--|
| Requester Name:  | Organization Name: |  |
| Mailing Address: |                    |  |
| Phone:           |                    |  |
| Email:           |                    |  |

#### **Provide a detailed description of the documents you are requesting:**

#### I request that the documents be provided in the following format:

- □ I would like to arrange to personally inspect the requested records. Inspection shall occur in the office during normal business hours.
- □ I would like to receive a hard copy of the requested records.
- □ I would like to have the requested records provided to me in email format.

| Signature:  | _Date:   |
|---|--|
| Your signature indicates that you understand that there may be costs related to this requ | uest based on the fee schedule and you will be |
| notified by staff if any fees need to be paid in advance in order to complete your reque  | st.  |

| Date Received:            | _Date Approved by Manager:        | Date approved by Board of Directors:  |  |
|---------------------------|-----------------------------------|---------------------------------------|--|
| Estimate of Hours Needed: | Estimated Cost to Complete:       | Date of Mailing:                      |  |
| 35755 Seventh/PO          | Box 219 Nehalem Oregon 97131-0219 | phone (503)368-5125 fax (503)368-7211 |  |