



# Public Records Request

- **One request per form.** Attach additional copies of this form for multiple requests.
- \* Required information.

## Section A—Requester information

Name*		Affiliation	
Phone number* ( )	Fax number ( )	E-mail	
Mailing address*			
City*		State*	ZIP code*

## Section B—Record requested

Describe the record(s) you are requesting. Be specific and include as much detail as possible.

Type of request\*

Individual    Media    Legal    Other (specify): \_\_\_\_\_

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Tax type\*

Personal income tax    Property tax    Business tax    Unknown    Other (specify): \_\_\_\_\_

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How would you like to receive the records?\*

Mail    Fax (if possible)    E-mail (if possible)    View at DOR office where records are kept

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Description of records requested\*

Signature of requester\* \_\_\_\_\_ Date\* \_\_\_\_\_

Send completed and signed form to:  
 Department of Revenue, Public Records Coordinator, 955 Center St NE, Salem OR 97301-2555  
 or fax to 503-945-8888.

FOR OFFICE USE ONLY		
<b>Estimate</b> An estimate of \$ _____ <small>(Amount)</small> was provided on _____ <small>(Date)</small> by _____ <small>(DOR staff)</small>	<b>Request status</b> <input type="checkbox"/> Authorized by requester _____ <small>(Date)</small> <input type="checkbox"/> Request modified _____ <small>(Date)</small> <input type="checkbox"/> Request withdrawn _____ <small>(Date)</small> <input type="checkbox"/> Information provided and request completed _____ <small>(Date)</small> <input type="checkbox"/> Information not provided—exempt from disclosure <input type="checkbox"/> Other _____	<b>Payment</b> Amount received \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check _____ <small>(Number)</small> <input type="checkbox"/> Other _____ <small>(Detail)</small> <hr/> Signature of program manager, upon completion
<b>Upon completion, send original to program manager, copy to Communications</b>		