

Siuslaw Public Library District: Request for Disclosure of Public Records

NOTICE: All information included on this request form will become a public record. Do not include sensitive information such as social security numbers, account numbers, credit card numbers, etc.

Date:

Requester's Name:
Requester's Address:
Requester's Email Address:
Requester's Phone Number:
Requester's Fax Number:

I (we), _____ (name(s)), request that Siuslaw Public Library District and its employees make available for inspection OR provide a copy or copies of the following records:

Please provide the name or description of record(s) requested below. Provide dates and details as needed to allow District staff to identify the public record(s) requested:

I wish to arrange an opportunity to personally inspect the requested records.

I wish to receive copies of the requested records.

If you're seeking a fee waiver or reduction, please explain how making these records available primarily benefits the general public:

(Requester's Signature)

Please return completed form by mail, email, or fax to:

Records Request
c/o Siuslaw Public Library Director
Siuslaw Public Library District
1460 9th Street
Florence, OR 97439

ref@siuslawlibrary.org
Fax: 541-997- 6473

The Siuslaw Public Library District's Public Records coordinator is the Library Director Meg Spencer.