PUBLIC RECORD(S) REQUEST

Parties requesting public records are encouraged to complete the Public Record(s) Request form and submit it, accompanied by a check in the amount of $25, payable to LCC.

_____   _____

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   Requesting party will pick up
 initialing the corresponding line).

                                                                   _____
                                                                   College will deliver via U.S. Postal Service

Please state your request as precisely and narrowly as possible. The more specifically you can describe the documents sought, the more quickly the college should be able to fulfill your request.

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 understood the Lane 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.)

_____
Print Name of Individual Requesting Records

_____   _____
Signature of Individual Requesting Records   Date

Staff person receiving request

Request fulfilled:

_____   _____
Date   Initials

Department: _____