



CITY OF ASTORIA

Founded 1811 • Incorporated 1856

CITY OF ASTORIA
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

_____ (Date)

(Requester's Name)

(Requester's Address)

(Other contact information: e.g., requester's telephone no., e-mail address, fax no.)

City of Astoria
(Name of public body)

1095 Duane Street, Astoria OR 97103
(Address of public body)

Attn: Jennifer Benoit
Email: jbenoit@astoria.or.us
Phone: (503) 325-5824
(Officer or employee responsible for processing requests)

I (we), _____ (name(s)),
request that _____ (public body) and its
employees (make available for inspection) (provide a copy or copies of) the following
records:

1. _____
(Name or description of record)

2. _____
(Name or description of record)

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

___ I wish to receive copies of the requested records.

(Requester's Signature)