Treasure Valley Community College

Code: **KBA-AR** Revised/Reviewed: 3/20/12

Public Records

Parties requesting public records are encouraged to complete the Public Record(s) Request form and submit it, accompanied by a check made out to Treasure Valley Community College in an amount of \$25, to the comptroller. This will allow the College to contact you for clarification of you request and notify you when the records are available for pickup. Requests will be accepted or denied in accordance with the College's Guidelines for Public Records Requests. Name of Requesting Party (i.e. business name) Date Mailing Address of Requesting Party: City Street Address State Phone E-mail Address Fax For special consideration by the College in waiving or reducing the total fee, provide nonprofit 501(c)3 status, if applicable. Indicate No.: For records that are subject to disclosure under ORS 192.502(9)(b), and created on or after June 20, 2007, Requesting Party must indicate, by initialing below, whether a condensation of the significant facts that are not otherwise exempt from disclosure under ORS 192.410 to 192.505 is desired. (Initials) Preferred method of obtaining public records (Please make your preference known by initialing the corresponding line). College will deliver via U.S. Postal Service. Requesting party will pick up. It is to everyone's advantage if requests are as precise and as narrow as possible. The requester benefits because the request can be processed more quickly and inexpensively. The College benefits because it can do a better job of responding to the request. The Oregon Public Records laws work best when both the requester and the College act cooperatively. 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 Treasure Valley 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, the College will promptly return deposit payment.) Name of Individual Requesting Records (please print) Signature of Individual Submitting Request for Records Date