



## Request for Disclosure of Public Records

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Requester's Name)

\_\_\_\_\_  
(Requester's Address)

\_\_\_\_\_  
(Requester's City, State, Zip)

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

Umatilla County Special Library District  
17 SW Frazer Ave., #360  
PO Box 1689  
Pendleton, OR 97801

I (we), \_\_\_\_\_, request that the Umatilla County Special Library District 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)