



Public Record Fee Waiver and Reduction Request Form

Requestor information

Name: _____ Date: _____

Affiliation (if applicable): _____

Address: _____

Email: _____ Telephone: _____

Fax (if applicable): _____

Details of request

Under Oregon Revised Statute 192.410 and what follows, and Oregon Administrative Rules 603-001-0125 to 0165, waivers and reductions of fees associated with copying public records may be granted by the Oregon Department of Agriculture under certain circumstances. Please answer the following questions to help us determine whether a waiver is appropriate.

1. What records are you requesting?

2. What is the intended purpose for the requested records?

3. Describe your ability to distribute collected records to the public.

Name: _____

4. How will the requested records benefit the public?

5. If you are requesting information of a technical nature, the public interest standard demands a showing that you understand the information and you are able to distribute it to the public in a meaningful form. What is your ability to carry out this requirement?

6. Is there other information you would like to share with the department regarding the fee waiver or fee reduction request?

Send your completed Public Record Fee Waiver and Reduction Request form to:

Email: info@oda.oregon.gov
Fax: (503) 986-4750
Postal mail: Oregon Department of Agriculture
Directors' Office
635 Capitol St. NE
Salem, OR 97301-2532

Fee waiver and fee reduction evaluation (for department use only)

Approved	Denied
Amount requested waiver/fee reduction \$ _____	Amount waiver/fee reduction approved \$ _____
ODA approval by _____	Date _____
Fee waiver number (if approved) # _____	