

## REQUEST FOR PUBLIC RECORDS

Requests to view or obtain copies of public records must be made in writing by mail, fax, or e-mail to:

Records Coordinator  
Wage & Hour Division  
Bureau of Labor and Industries  
800 NE Oregon St., Suite 1045  
Portland, OR 97232-2180  
Fax: 1-971-673-0769  
e-mail: [whd.screener@state.or.us](mailto:whd.screener@state.or.us)

After receiving your request, the Division will send you a written response stating whether the requested records are available, the estimated time required to prepare the request, and the estimated cost. In that response, the Division will ask you to confirm that you want the records and send payment for the estimated cost. After receiving your written confirmation and payment, the Division will make copies or contact you to schedule an appointment to view the records.

As allowed under the Oregon Public Records Act, the Division calculates fees for responding to public records requests in the following manner:

- A minimum fee of \$5.00 per request for records located in BOLI's offices.
- A minimum fee of \$15.00 per request for records located elsewhere.
- Actual cost for staff time for any request taking more than 10 minutes to respond to at the following rates:
  - Supervisor or administrator time: \$39.00 per hour
  - Compliance Specialist time: \$32.00 per hour
  - Clerical time: \$23.00 per hour
- A fee of \$41.00 per hour, with a \$12.00 minimum, for public record requests that require electronic reproduction.
- Blank electronic reproduction media (BOLI will not permit requesters to provide diskettes or compact disks due to the possibility of computer viruses) at the following rates:
  - 3½" diskettes: \$1.00 each
  - Compact disks: \$1.50 each
  - 2 hour video cassettes: \$3.00 each
  - Audio cassettes: \$2.00 each
- \$.20 per page for photocopies.
- \$.50 per page for copies by fax machine, with a 20 page limit.
- Actual costs for postage or other delivery costs.
- The costs of any necessary review of the requested public records by the Department of Justice at the rate billed to BOLI.

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 I request a copy of: \_\_\_\_\_.

I request to view the following records: \_\_\_\_\_.

\_\_\_\_\_  
Requester's name

\_\_\_\_\_  
Name of organization

\_\_\_\_\_  
Street or mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Date