

**Request for Disclosure of Public Records
from the Oregon Department of Forestry**

Date: _____

Name: _____

Organization: _____

Address: _____

City, State Zip: _____

Phone Number: _____

E-mail address: _____

Oregon Department of Forestry
2600 State Street
Salem, OR 97310
Attn: _____, Agency Affairs Program

I request that the Oregon Department of Forestry and its employees make available for inspection or provide a copy of the following records:

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

___ I wish to receive a copy of the requested records.

Requester's Signature