

OREGON LANDSCAPE CONTRACTORS BOARD

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PUBLIC RECORDS REQUEST FORM

Requestor's Name: _____ Date: _____
Company: _____
Address: _____ Phone: _____

Records Requested (please print or attach a preprinted list) _____

I will pick up Send by US Mail Send by Fax _____
 Send by E-Mail _____

I agree to pay the cost of fulfilling this Public Records Request, according to the rules set forth in OAR 808-001-0020. These costs may include the cost of locating records, reviewing records to delete exempt material, supervising the inspection of records, copying records, certifying records and mailing records, including the cost of searching for records regardless of whether the Agency was able to locate the requested records.

My organization is a local, state or federal public/governmental entity acting in a public function or capacity and therefore no charges should be assessed.

NOTE: The agency reserves the right to charge for any job based on criteria listed in OAR 808-001- 0020.

Signature _____ Date _____

Per ORS 192.440(3), for public records requests with an estimated cost of more than \$25, LCB is required to provide the requestor with written notification of the estimated fee amount. The requestor must then confirm that they want LCB to proceed with the records request.

FEES

Listing of licensees: \$100, Certificate of Licensure or Non-Licensure: \$20, Agenda packets by e-mail: \$5
Photocopies: 25 cents per page, E-Mail: \$5 per e-mail, Fax: 75 cents for the first page and 60 cents for each additional page, limited to a 20-page maximum, not including the cover page, Research/labor charges: no charge for the first 30 minutes, \$30 per hour or \$7.50 per quarter-hour, Other Fees: If other fees are to be charged, the agency will contact the requestor prior to fulfilling the request.

Fees may be paid after this request has been submitted, but prior to the copying or submission of the documents. Fees for the listing of licensees (\$100), Certificates (\$20), & agenda packets (\$5) must be paid with this form.

LCB estimate of job cost \$ _____

Requester confirmation of receipt of job estimate and authorization to proceed with making records available. Signature: _____ Date: _____

Visa MasterCard Discover American Express Amt. of Payment _____

Account # _____ CVC# _____ Exp. Date _____

Signature _____

Name on Card _____