## SOARD OF ONE TRY

## **Oregon Board of Optometry**

**Public Records Request Form** 

<u>Please send completed form to:</u> 1500 Liberty Street SE, Suite 210

Salem, OR 97302 Phone: 971.701.1194 (Executive Director)

Email: Optometry.board@obo.oregon.gov Fax: 503.914.5142

Requestor's Name:	Date:	
Company:		
Address:		
	Phone:	
Records Requested (please print or a	attached a preprinted list):	
□ I will pick up	□ Send via Fax to :	
□ Send by U.S. Mail	□ Send via email to:	·
delete exempt material, super records, including the cost of	1-030. These costs may include the cost of locating re ervising the inspection of records, copying of records is searching for records regardless of whether the Age imated cost is more than \$25, OBO is required to proper confirm the order.	, certifying records and mailing ency was able to locate the
☐ My organization is a local, state therefore no charges should	ate or federal public/governmental entity acting in a be assessed.	public function or capacity and
	OAR 852-005-0035 and DAS Policy 107-001-030 and that I will need to pay the cost of filling this publ	•
Signature		Date
Public Record Fees:		
Active Licensee List \$40.00 (use onlin Photocopies: \$.25 per page	ne request system) Inactive Licensee List \$40.00 (use Electronic record Fee: \$5.00	e online request system)

Staff time: Clerical \$25/hour Executive \$75/hour AAG time is based on actual cost

\*\*AAG fees are for document review, redaction and segregation. `License Verification \$40 (use online request system)

**OBO Public Records Officer**: Shelley Hanson, Executive Director (use contact info above)