



Oregon Board of Optometry

Public Records Request Form

Please send completed form to:

1500 Liberty Street SE, Suite 210

Salem, OR 97302 Phone: 503.399.0662 ext. 3

Email: Optometry.board@oregon.gov

Fax: 503.914.5142

Requestor's Name: _____ Date: _____

Company: _____

Address: _____

Phone: _____

Records Requested (please print or attached a preprinted list): _____

I will pick up Send via Fax to : _____

Send by U.S. Mail Send via email to: _____

I agree to pay the cost of fulfilling this Public Records Request, according to the rules set forth in OAR 852-010-0080 and DAS Policy 107-001-030. These costs may include the cost of locating records, reviewing records to delete exempt material, supervising the inspection of records, copying of 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. If the estimated cost is more than \$25, OBO is required to provide a written estimate of the costs. The requestor must then confirm the order.

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.

By signing, I confirm that I have read OAR 852-005-0035 and DAS Policy 107-001-030 and agree to abide by the rules for this public records request. I understand that I will need to pay the cost of filling this public records request before the records will be released to me.

Signature

Date

Public Record Fees:

Active Licensee List \$25.00 (see order form)

Inactive Licensee List \$25.00 (see order form)

Photocopies: \$.25 per page

Electronic record Fee: \$ 5.00

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 \$20