

# PUBLIC RECORDS REQUEST

## Important Submission Instructions

A request for public records in the custody of the Oregon Department of Veterans' Affairs (ODVA) may be made as follows: complete the online submission form; submit a written request; or submit a completed form RM4011 PUBLIC RECORDS REQUEST. Email the request to: [ODVA\\_Public\\_Records@odva.state.or.us](mailto:ODVA_Public_Records@odva.state.or.us); mail the request to the ODVA Records Officer, 700 Summer ST NE, Salem, OR 97301-1285; or fax the request to the ODVA Records Officer at 503-373-2156. The request must include the name and address of the person requesting the public record(s); the telephone number or other contact information for the person requesting the public record(s); and a sufficiently detailed description of the record(s) requested to allow ODVA to search for and identify responsive records. **Note:** A confirmation of receipt of your request will be sent no matter which submission method you choose.

Date of Request		Request Receipt Confirmation Sent
Requester First Name	Requester Last Name	Organization or Business Name
Street Address		
Address Line 2		
City		State / Province / Region
Postal / Zip Code		Country
Phone Number	Fax Number	Email Address
Records Requested (Describe the records you seek. Please be specific.)		
Records Form/Media (Please choose one option) <input type="checkbox"/> I would like to inspect the records <input type="checkbox"/> I would like electronic copies of the records (pdf) emailed to me <input type="checkbox"/> I would like electronic copies of the records (DVD) mailed to me <input type="checkbox"/> I would like paper copies of the records mailed to me <input type="checkbox"/> I would like paper copies of the records faxed to me		
Receiving Records (Please specify) <input type="checkbox"/> I would like to have the paper copies of the records certified <input type="checkbox"/> I would like to receive the requested records no later than:		

ODVA STAFF USE ONLY		
Estimate	Request Status	Payment Status
An estimate of:	<input type="checkbox"/> Authorization to proceed: (DATE)	Amount received: \$
\$	<input type="checkbox"/> Request withdrawn: (DATE)	<input type="checkbox"/> Cash
was provided on:	<input type="checkbox"/> Information provided: (DATE)	<input type="checkbox"/> Check #
(DATE)	<input type="checkbox"/> Request completed: (DATE)	<input type="checkbox"/> Fee Waived <input type="checkbox"/> Fee Reduced
by (name and title):	<input type="checkbox"/> Other: (DATE)	<input type="checkbox"/> Public Interest Threshold Evaluation attached
	<input type="checkbox"/> Information not provided – law excludes disclosure of requested information (DATE)	Signature of Record Officer