



OREGON LIQUOR CONTROL COMMISSION

Request to Review/Copy File Records

Premises #

Public Records Request
PO Box 22297
Milwaukie, OR 97269

OLCC will estimate the fee for your request. Do not send any money until OLCC has reviewed your request and estimated the cost.

Licensee Name: _____

Trade Name: _____

Premises Address: _____

Applicant/Owner Public Attorney Other: _____

Phone Number: _____ Home Business Cell: _____

Email: _____

Pick-Up Mail: _____
Address

City, State, ZIP

OLCC must receive payment prior to processing request and will contact you when the records are ready.

Print Name: _____

Signature: _____ Date: _____

NOTE: This request becomes part of the file you are reviewing and is considered a public record

FILE INFORMATION REQUESTED

Entire File OR Application Info Violations Compliance
 Premises Info Other: _____
(Special Request)

FEES *OLCC will estimate the fee for your request. The final amount due may include charges for time incurred researching, locating, compiling or processing records. Labor charges will be billed at \$0 for first 15 minutes; \$25 per hour over 15 minutes. We must receive payment for processing prior to the request.*

Labor (estimated)	Email	CD	Paper Copies
Time:	No Charge	\$5 per CD	25¢ per page
	No Charge		Number of Pages:
Total Cost			

TOTAL AMOUNT DUE: \$ _____

OLCC USE ONLY

LABOR CHARGES: _____

PAID Cash Check Check Number: _____ Receipt Number: _____

RECEIVED BY: _____

Active File Inactive File Ready Disc/Copy Date Stamp: _____