

## Oregon Government Ethics Commission (OGEC) Public Records Request

**Requestor Information:**

NAME OF REQUESTING INDIVIDUAL		ORGANIZATION
PHONE	FAX	E-MAIL
MAILING ADDRESS		
CITY	STATE	ZIP

**Type of Record(s) Requested:**

- SEI (Statement of Economic Interest)** – include name, position held, and year
- Lobbyist or Client/Employer of Lobbyist** – include name, calendar quarter, and year
- Investigative File** – include case number, names of parties, or other descriptive information that will assist in identifying the record
- Other:** \_\_\_\_\_

Description of Record(s): (Attach additional sheet if necessary)

**I Prefer to Receive the Record(s):**

- By e-mail to the e-mail address above
- By fax to the fax number above
- By U.S. mail to the mailing address above (additional charge for postage)
- In person (will pick up)
- I prefer to review the records in the OGEC office

SIGNATURE OF REQUESTING INDIVIDUAL	DATE
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**Send completed and signed form to:**  
**OGEC, 3218 Pringle Rd SE, Suite 220, Salem, OR 97302-1680**  
**mail@ogec.oregon.gov**  
**Fax: (503) 373-1456**

**FOR OFFICE USE ONLY**

<p><b>Estimate</b></p> <p>An estimate of \$ _____          (Amount)</p> <p>was provided on _____          (Date)</p> <p>by _____          (OGEC Staff)</p>	<p><b>Request Status</b></p> <p><input type="checkbox"/> Authorization to proceed _____          (Date)</p> <p><input type="checkbox"/> Information provided and request completed _____          (Date)</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Payment Status</b></p> <p>Amount Received \$ _____</p> <p>Date _____</p> <p><input type="checkbox"/> Cash    <input type="checkbox"/> Check _____          (Number)</p> <p><input type="checkbox"/> Other _____          (Detail)</p>
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