



# Oregon Landscape Contractors Board Public Records Request Form

Please send completed form to:

**LCB, 2111 Front St. NE; Suite 2-101, Salem, OR 97301**

**Fax 503-967-6298 or Email [LCBinfo@lcb.state.or.us](mailto:LCBinfo@lcb.state.or.us)**

**Phone 503-967-6291 x223**

Requestor's Name \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Records Requested (please print or attach a preprinted list) \_\_\_\_\_

I will pick up

Send by Fax

Send by US Mail

Send by E-Mail

I agree to pay the cost of fulfilling this Public Records Request, according to the rules set forth in OAR 808-001-0020. These costs may include the cost of locating records, reviewing records to delete exempt material, supervising the inspection of records, copying 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.

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.

**NOTE: The agency reserves the right to charge for any job based on criteria listed in OAR 808-001-0020.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Per ORS 192.440(3), for public records requests with an estimated cost of more than \$25, LCB is required to provide the requestor with written notification of the estimated fee amount. The requestor must then confirm that they want LCB to proceed with the records request.

### FEES

Listing of licensees: \$100, Photocopies: 25 cents per page, E-Mail: \$5 per e-mail, Fax: 75 cents for the first page and 60 cents for each additional page, limited to a 20-page maximum, not including the cover page, Research/labor charges: no charge for the first 30 minutes, \$30 per hour or \$7.50 per quarter-hour, Other Fees: If other fees are to be charged, the agency will contact the requestor prior to fulfilling the request.

Fees may be paid after this request has been submitted, but prior to the copying or submission of the documents.

Fees for the listing of licensee (\$100) must be paid with this form.

LCB estimate of job cost \$ \_\_\_\_\_

Requestor confirmation of receipt of job estimate and authorization to proceed with making records available.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### CREDIT CARD PAYMENT

Account # \_\_\_\_\_

Last 3 digits on back of card V# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amt. of Payment \_\_\_\_\_

Signature \_\_\_\_\_