



**PUBLIC RECORDS REQUEST FORM**

Tualatin Valley Water District (TVWD) public records are available for inspection and/or reproduction, with the exception of those records specifically exempted from general disclosure by statute, per its public records request policy and fee schedule, which was adopted by the Board of Commissioners as Resolution No. 05-16. Please review the policy and fee schedule prior to filling out this form.

Requests solely for information (not contained in records) can be obtained by calling (503) 848-3000.

**Requestor Information:**

**Date of Request:** \_\_\_\_\_

Name:		Company:	
Address:			
City/State/Zip:		Phone:	
Email:			

Is this request related to a civil judicial proceeding to which either the requestor or TVWD are parties? **Yes No**

**Purpose of Request:** Because the identity and motive of the person seeking the disclosure of a particular public record may be relevant in determining whether a record is exempt from mandatory disclosure under a conditional exemption, please give a brief statement as to the purposes of your request:

**Description of Records Requested:** Be specific and include dates if applicable (e.g., the intergovernmental agreement with the City of Hillsboro for the Water Master Plan, effective September 9, 2014). Common types of documents include contracts, reports, correspondence and similar.

How would you prefer to receive the response to this records request?

<input type="checkbox"/> I would like to inspect the records.	<input type="checkbox"/> I would like copies made and held for me to pick up.
<input type="checkbox"/> I would like copies made and sent to me.	<input type="checkbox"/> I would like electronic copies sent to me.

Responses to requests will be assessed applicable fees. You will be provided with an estimate of fees prior to staff fulfilling your request. **Payment of these fees must be received prior to the requested materials being released.** By signing below you acknowledge that you understand and agree to these terms.

**SIGNATURE:**

Please return completed form to:

District Recorder  
 1850 SW 170<sup>th</sup> Avenue  
 Beaverton, OR 97003  
[recordsrequest@tvwd.org](mailto:recordsrequest@tvwd.org)

Office use only – Date received: \_\_\_\_\_