CITY OF MITCHELL PUBLIC RECORDS REQUEST

Please complete form in its entirety and send it by mail or email to:

City of Mitchell

PO Box 97

Mitchell, OR 97750

cityofmitchell@gmail.com

(541) 462-3121

**** PLEASE READ ****

Have you already contacted someone within the City about this request? _____YES _____NO
If you answered YES:

Name:_____

Department:_____

Requester Information:

Name:_____ Organization:_____

Address:_____ Daytime Phone:_____

Email:_____

Details of Request:

Date of Request:_____

Detailed Description of Requested Documents:

***Please be as specific as possible. Provide the type of record(s), subject matter, approximate date(s), and name(s) of businesses and/or people that you are requesting records for. Attach an additional sheet if necessary. Thank you!*

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How would you like the Records Request to be delivered? Please circle one.

Mail **Email** **Onsite Inspection**