



RESOLUTION NO. 6951

A RESOLUTION AMENDING PUBLIC RECORDS REQUEST FEES AND REPEALING RESOLUTION NO. 6204.

WHEREAS, Oregon public records laws allow agencies to establish fees reasonably calculated to reimburse the agencies for their actual cost of making public records available; and

WHEREAS, the fees for public record requests are listed on the back of the Albany's public records request form; and

WHEREAS, a change to the fee schedule is necessary in order to reduce the processing time for staff and the public.; and

WHEREAS, this fee schedule will apply to the City of Albany public records request form and the fire department public records request form.

NOW, THEREFORE, BE IT RESOLVED by the Albany City Council that the public records request fees attached as Exhibit A (City of Albany form) and Exhibit B (Fire Department form) be adopted; and

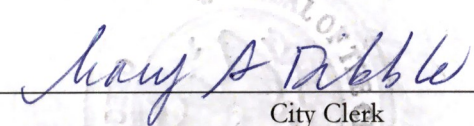
BE IT FURTHER RESOLVED that Resolution No. 6204 is hereby repealed.

DATED AND EFFECTIVE THIS 16TH DAY OF DECEMBER 2020.

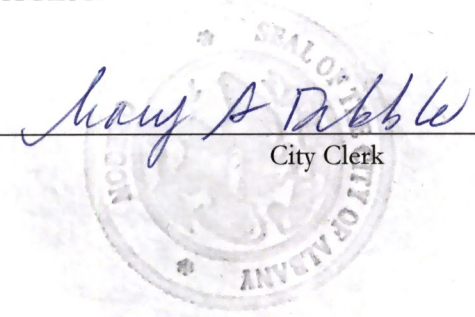


Mayor

ATTEST:



City Clerk





PUBLIC RECORDS REQUEST

City of Albany, Oregon | Office of the City Clerk

For Police or Fire Department public records request forms, see cityofalbany.net/publicrecords

Notice: Public Records laws are addressed in Oregon Revised Statutes (ORS). City of Albany Policy F-05-08, Public Record Requests, outlines the City's procedures. Fees are listed on the back of this form. Prepayment and confirmation to proceed will be required for requests that exceed \$25.

Requestor Information:

Name	Email		
Phone	Mailing address		
Fax	City	State	Zip

Document Information:

Describe the information/records you are requesting. Be specific enough for the City to determine the nature and content of the records, and the department where the records you are requesting may be located. Provide specific dates whenever possible. Use additional pages if necessary.

Questions? Email:
cityclerk@cityofalbany.net

Mail/deliver completed form: Albany City Clerk, 333 Broadalbin Street SW, Albany, OR 97321
E-mail: cityclerk@cityofalbany.net | **Fax:** 541-917-7511

FOR STAFF USE			
1. RECEIVED	2. MANDATORY NOTIFICATION	3. INFORMATION/CLARIFICATION	4. FEES
Date:	Date:	Date Requested:	Date Notified:
RIM Coordinator:	Method: <input type="checkbox"/> copy of form <input type="checkbox"/> email <input type="checkbox"/> mail <input type="checkbox"/> fax	Date Received:	Date Paid:
Calendar year request #:			Total Fees:
5-day count begins	10-day count begins	10-day count stops while waiting for response; restarts when received*	10-day count stops while waiting for payment; restarts when received*
* If no response is received within 60 days, the Public Records Request is closed			
5. COMPLETED			

Completed by:	Date completed:	<i>Send a copy of this form to City Clerk when request is complete.</i>
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Mandatory Notification Statement per ORS 192.324 (2)(a-c)
 Dear Requestor, thank you for your public records request. The City:

holds the records you've requested. does not hold the record(s) you've requested. is not certain whether it holds the record(s) you've requested.

PUBLIC RECORDS FEE SCHEDULE | City of Albany, Oregon | Office of the City Clerk

1. **Copies of Public Records:** See table below.
2. **Personal External Sources Used for Copies of Public Records.** CDs, DVDs, or USB flash drives presented by the public are prohibited. The City will provide the following items for a fee:
 - a. CD, DVD, or USB flash drive: \$5.00
 - b.
 - c.
 - d. Any other type of personal equipment or external source presented by the requestor in order to copy a public record must be approved by the IT Director or their designee.

Whenever public records are prepared for copying, Research and Inspection fees apply.

3. **Copies of Maps and other Nonstandard Documents:** Copying maps, large documents, or other nonstandard size documents shall be charged in accordance with the actual costs incurred by the City to reproduce them.
4. **Vulnerable Buildings:** A completed Authorization to Proceed Form from a qualified representative is required before the records can be disclosed.
5. **Inspection Fees and Research Fees:** Inspection means official records inspected by the public in the presence of a staff member. Research includes locating, collating, and copying public records, including electronic records. Up to 30 minutes: no charge. After 30 minutes: \$15.00 for every 15-minute block, with the last 15-minute block to be prorated.
6. **Written Notification:** Requests with fees estimated to exceed \$25 require written notification of the estimated amount followed by confirmation from the requestor to proceed with the public records request. Prepayment in full is required for requests estimated to exceed \$25. If the actual time and cost are less than estimated, the excess money shall be refunded to the requestor. If the actual cost and time are more than estimated, the difference shall be paid at the time the records are produced.
7. **Additional Charges:** If a request is of such magnitude and nature that compliance would disrupt the City's normal operation, the City may impose such additional charges as necessary to reimburse the City for its actual costs of producing the records, including but not limited to excessive postage fees.
8. **Reduced Fee or Free Copies:** Whenever the City determines that providing copies of public records at a reduced fee or without costs would be in the public interest, the City may so authorize per ORS 192.324(5).

Copy Cost	
8.5" x 11" black & white	\$0.25 per pg (\$0.50 for duplexed)
11" x 17" black & white	\$0.50 per pg (\$1.00 for duplexed)
8.5" x 11" color	\$0.50 per pg (\$1.00 for duplexed)
11" x 17" color	\$1.00 per pg (\$2.00 for duplexed)
Inspection fees and research fees	
Up to 30 minutes	no charge
After 30 minutes	\$15.00 for each 15-minute block; last block prorated

Electronic formats	
Each DVD, CD, or USB drive	\$5.00
Other media	Actual cost of reproduction
Maps & Nonstandard	To Certify as a True Copy
Actual cost of reproduction	\$5.00 in addition to copy charges
<i>Additional charges may apply; see #7 above.</i>	
For Police or Fire Department public records request forms, see cityofalbany.net/publicrecords or call: Albany Police Department, 541-917-7680; Albany Fire Department, 541-917-7700.	



PUBLIC RECORDS REQUEST

Albany Fire Department, City of Albany, Oregon

Notice: ORS 192.440 describes public access to copies or inspection of public records; written response by the public body; and fees for records. City of Albany Policy F-05-08, Public Record Requests, outlines the City's procedures. Fees are listed on the back of this form. Prepayment will be required for requests that exceed \$25. **Your signature below acknowledges that you have read, understand, and accept financial responsibility for the fees associated with this public records request.**

Requestor Information:

Name	Agency name (if applicable)		
Email	Mailing address		
Phone			
Fax	City	State	Zip

Property Record:

Date or date range	Report #		
Address	City	State	Zip
<input type="checkbox"/> Fire Report (National Fire Incident Reporting System, NFIRS) <input type="checkbox"/> Fire Investigation: <input type="checkbox"/> Investigator's Report <input type="checkbox"/> Supporting Documents (may be extensive; refer to fee schedule) <input type="checkbox"/> Occupancy Inspection <input type="checkbox"/> New Construction (Prior to 1998 Fire Dept.; after 1998, refer to Community Development, Building Division) <input type="checkbox"/> Environmental Impacts Search (Albany Fire Department does not maintain consistent records on specific hazardous materials or quantities stored on site. Refer to the State Fire Marshal's Office for more information: 503-378-6835, www.oregon.gov/OSP/SFM) Select one or more of the following that apply to environmental impacts record search: <input type="checkbox"/> Fire Reports <input type="checkbox"/> Inspection Reports <input type="checkbox"/> HazMat Response Reports <input type="checkbox"/> Fixed HazMat Storage Tank Records			

Ambulance Record:

(Attorneys and representatives call 541-917-7710. DO NOT USE THIS FORM.)

Photo ID presented in person required to release records. This authorization may be revoked at any time. Unless revoked earlier, this consent expires 180 days from date of signing. To revoke this authorization, send written request to Albany Fire Department, Ambulance Billing, PO Box 490, Albany, OR 97321. **Select one or more of the following that apply to ambulance record search:**

<input type="checkbox"/> All Related Medical & Billing Documentation <input type="checkbox"/> Refusal of Medical Care or Transportation <input type="checkbox"/> EMS No-Medical Need/Public Assist Report	<input type="checkbox"/> Pre-Hospital Care Report <input type="checkbox"/> Billing Statements <input type="checkbox"/> Other _____
My signature below authorizes Albany Fire Department to disclose copies of ambulance medical records identified above for _____ to _____ for services rendered on _____, AFD Run # _____.	

Other Record (provide description) _____

Signature	Date
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Return completed form: by email to Fire-Records@cityofalbany.net; by mail to PO Box 490, Albany, OR 97321; or in person to 611 Lyon St. SE, Albany OR 97321. **Questions:** call 541-917-7700.

FOR STAFF USE			
1. RECEIVED	2. REQUESTER NOTIFIED	3. FEES	4. COMPLETED
Date:	Date:	Amount:	Date:
		Date:	
5-day count begins	10-day count begins	10-day count stops while waiting for payment; restarts when received*	If no response is received within 60 days, the request is closed.
YOUR REQUEST:			
<input type="checkbox"/> Documents viewed in person only. <input type="checkbox"/> Copies made by requester at their expense.			
Mandatory Notification Statement per ORS 192.324 (2)(a-c) Dear Requestor, your public records request: <ul style="list-style-type: none"> <input type="checkbox"/> is attached/enclosed. <input type="checkbox"/> was unable to be completed because the City does not possess or is not the custodian of the records. <input type="checkbox"/> will require more time to process. Estimated completion date: _____. <input type="checkbox"/> will exceed \$25, requiring prepayment. Estimated amount due prior to completion: \$ _____. <input type="checkbox"/> was unable to be completed because the records are exempt under state or federal law: _____. 			

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