



The Association of Oregon Counties (AOC) responds to all requests for public records as soon as practicable and without unreasonable delay, according to timelines outlined in ORS 192.324 and ORS 192.329. AOC believes in transparent and timely records production in response to public records requests where such records are not otherwise exempt.

Please be aware that AOC will charge fees for any work associated with processing your request. This includes \$55 per hour for administrative work, \$210 per hour for legal work, and \$95 per hour for technical work. While electronic copies of records can be provided without additional charge, physical printed copies cost \$.15/page for black and white copies and \$.50/page for color copies. At the time of AOC's initial acknowledgement of your public records request, AOC will provide a fee estimate based on the scope of the request. Thereafter, you will have an opportunity to refine your public records request if necessary. AOC requires an initial deposit prior to proceeding with the records request or a processed and approved fee waiver/fee reduction.

Under ORS 192.324(5), you may request a fee waiver or fee reduction. To request a fee waiver or fee reduction, please fill out the relevant sections of the AOC Public Records Request Submission Form below. AOC will use this information to determine whether the fee waiver or fee reduction is in the public interest such that making the record(s) available primarily benefits the general public pursuant to ORS 192.324(5).

You can either submit your request using the online submission form below or, alternatively, you can mail or email a written request—containing all the information from the submission form—to the following address:

Public Records Request
request@oregoncounties.org
Association of Oregon Counties
1212 Court Street NE
Salem, OR, 97301

Please note that submitting the form online will ensure the most expedient processing of your request. Mailing your submission will take longer to process.

AOC Public Records Request Submission Form

First Name: _____ Last Name: _____

Business or Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please describe, with specificity, the record(s) you are requesting.

Please choose one of the following options:

☐ I wish to arrange an opportunity to personally inspect the requested records.

☐ I wish to receive electronic copies of the requested records.

☐ I wish to receive paper copies of the requested records.

Fee Waiver/Fee Reduction

If you would like to request a fee waiver or fee reduction, please fill out the following information:

First Name: _____ Last Name: _____

Explain the purpose for which you intend to use the information:

State your ability to publicly share the information requested:



Explain your inability to pay the fees associated with your request:

Please be aware that AOC has discretion to grant or deny the fee waiver or fee reduction according to how reasonably your request would serve the public interest, considering all the above factors. Under ORS 192.324(6), if AOC denies your request for a fee waiver, you may appeal the decision to the Attorney General.