

**PUBLIC RECORDS REQUEST FORM**  
**Albany Fire Department**

**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)		
Mailing Address	City	State	Zip
Daytime Phone Number	Fax Number (if applicable)	Email Address (If applicable; for City use only)	

**PROPERTY RECORD** Date/Date Range: \_\_\_\_\_ Report #: \_\_\_\_\_  
Address: \_\_\_\_\_

- Fire Report (NFIRS - National Fire Incident Reporting System)
- Fire Investigation:  Investigator's Report  Supporting Documents (*may be extensive; refer to fee schedule*)
- Occupancy Inspection
- New Construction (Prior to 1998 Fire Dept.; after 1998, refer to Building Division)
- Environmental Impacts Search (*The 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"/> Hazardous Materials Response Reports | <input type="checkbox"/> Fixed HazMat Storage Tank Records |

**AMBULANCE RECORD**

**Select one or more of the following that apply to ambulance record search:**

- |  |   |
|--|---|
| <input type="checkbox"/> All Related Medical & Billing Documentation | <input type="checkbox"/> Pre-Hospital Care Report |
| <input type="checkbox"/> Refusal of Medical Care or Transportation   | <input type="checkbox"/> Billing Statements       |
| <input type="checkbox"/> EMS No-Medical Need/Public Assist Report    | <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 # \_\_\_\_\_.

*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 Dept. - Ambulance, P.O. Box 490, Albany, OR 97321.*

**OTHER RECORD** (*provide description*): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return Completed Form To:** Albany Fire Department, 611 Lyon St. SE, Albany, OR 97321; mail to P.O. Box 490, Albany, OR 97321; or Fax to 541-917-7716. **Questions:** [Fire-Records@cityofalbany.net](mailto:Fire-Records@cityofalbany.net)

**FOR STAFF USE**

Date Received: \_\_\_\_\_ Requester Notified: \_\_\_\_\_ Fees (amt & date): \_\_\_\_\_ Completed: \_\_\_\_\_  
 (5-day count begins) (10-day count begins; count stops until payment rec'd; request closed if no response w/in 60 days)

Documents viewed in person only.  Copies made by requester at their expense.

YOUR REQUEST: Mandatory Notification per ORS 192.440(2)(a-c)

- is attached/enclosed.  
 was unable to be completed because the city does not possess or is not the custodian of the records.  
 will require more time to process. Estimated completion date: \_\_\_\_\_.  
 will exceed \$25, requiring prepayment. Estimated amount due prior to completion: \$ \_\_\_\_\_  
 was unable to be completed because the records are exempt under state or federal law: \_\_\_\_\_

**Fee Schedule**

<b>Minimum Research Fee:</b>	<b>\$7.00</b> (Includes up to 30 minutes research and ten single-sided copies)		
<b>Charges for Additional Copies (per page):</b>		<b>Charges for Electronic Formats:</b>	
8.5 x 11 black & white:	\$ .25	(\$ .50 duplexed)	Each DVD or each CD: \$ 5.00
11 x 17 black & white:	\$ .50	(\$ 1.00 duplexed)	1st audio tape / ea. additional \$ 15.00 / \$5.00
8.5 x 11 color:	\$ .50	(\$ 1.00 duplexed)	USB Flash Drive \$ 5.00
11 x 17 color:	\$ 1.00	(\$ 2.00 duplexed)	Video tape: Actual reproduction cost
Additional charge for photo quality paper		<b>Maps &amp; Nonstandard Documents:</b>	
<b>Research Fees:</b>		Actual reproduction costs	
30 minutes to 2 hours:	\$25 per hour		<b>Electronic Searches:</b>
Over 2 hours:	Employee costs (wages + benefits)		One-hour minimum: \$100 per hour

**In all scenarios where public records are prepared for copying, research and inspection fees apply. Personal external sources used for copies of public records are prohibited. The City will provide the items for electronic format of records as specified in the table above for a fee.**

**Maps and other Nonstandard Documents:** Charges for maps, large documents, or other nonstandard size documents shall be charged in accordance with the actual costs incurred to reproduce them.

**Research Fees:** If a request for records requires Fire Department personnel to spend more than 30 minutes searching or reviewing records prior to copying, there will be an additional fee per hour.

**Fees Exceeding \$25:** If fees are estimated to exceed \$25 the Fire Department will provide a written cost estimate to requestor and must receive confirmation that the requestor wants the Fire Department to proceed with the request. Cost estimates over \$25 will be paid in advance. If the actual time and cost are less than estimated, the excess will be refunded to the requestor. If the actual cost and time are in excess of the estimated cost, the difference will be paid at the time the records are produced.

**Archived Scanned Copies:** Scanned copies archived in the City of Albany Laserfiche system or other electronic records which are readily available may be sent to an email address provided by the requestor for the cost of the applicable inspection or research fee.

**Electronic Searches:** For non-exempt public record requests including emails or other electronic records stored on any City network and not readily available, the fee is \$100 per hour for inspection, research, and copying time with a minimum one-hour charge. The information shall be provided on CD, DVD, or USB flash drive for the designated fee.

**Additional Charges:** If a request is of such magnitude and nature that compliance would disrupt normal operation, the Fire Department may impose such additional charges as necessary to reimburse the City for actual costs of producing the records, including but not limited to excessive postage fees.

**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 192.440(5). Property owners or patients requesting copies of their fire report, investigation records, or ambulance records will receive 30 minutes research time and up to ten single-sided copies at no charge. Additional research, copies, or electronic formats will require payment as outlined in the fee schedule.