

	Policy No: P-207
	Effective Date: January 26, 2026
	New ☐ Revised ☒
PUBLIC RECORDS REQUEST	

PURPOSE

This policy provides guidance to ensure that SOWIB and its sub-recipients and contractors handle all requests for public information in a manner that is consistent with and complies with the public records law, while maintaining the confidentiality of program applicants and participants.

REFERENCES

Oregon Revised Statutes Chapter 192; 200.337

Oregon Administrative Rule 589-020-0330

POLICY

Public records, except those exempt from disclosure, shall be made available upon request for review, and copies shall be provided at a fee reasonably calculated to reimburse SOWIB for the actual costs incurred in making the records available.

A person or organization may request to inspect or receive copies of public records or information from public records by mail, fax, or e-mail.

The request must be made using the attached form. The request must identify as specifically as possible the type of records, subject matter, approximate dates, names of persons involved and the number of copies requested. Requests must include the name, address and telephone number of the person requesting the public records. Requesters may indicate the format in which copies are desired, and any date by which the records are needed. Requests should be directed to:

SOWIB
517 S. 7th St.
PO Box 415
Coos Bay OR 97420
Phone: 844-532-6893

SOWIB shall respond to the requestor in a timely manner after receipt of the request. The response will acknowledge the request, provide an estimated cost for meeting the request, give the expected date when the information will be available, and state the method for supplying the requested records.

Payment for the cost of meeting the request must be paid prior to release of the records.

PUBLIC RECORDS REQUEST

Section A - Requester Information

NAME OF REQUESTING INDIVIDUAL				TITLE			
PHONE		FAX		EMAIL			
FIRM OR TRADE NAME							
BUSINESS ADDRESS							
CITY				STATE		ZIP	
MAILING ADDRESS (IF DIFFERENT)							
CITY				STATE		ZIP	

Section B - Record(s) requested

Describe the record you are requesting. Please be as specific as possible and include enough detail to assist our staff in locating the record(s). For multiple records, attach additional pages.

DESCRIPTION OF RECORDS REQUESTED

Section C - Receiving Record(s) certification

Please specify the delivery date desired, preferred method of receiving the requested record(s), and whether you require the records to be certified.

☐ I would like to receive the requested records no later than: _____ (DATE)	I prefer to receive the records(s) ☐ By postal mail at the mailing address above ☐ By e-mail at the e-mail address above ☐ In person
☐ I would like to have the record(s) certified	

Have you previously contacted us about this request? Staff Contacted: _____

By signing below I certify that the information above is true and correct to the best of my knowledge.

SIGNATURE OF REQUESTING INDIVIDUAL	DATE
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*****OFFICE USE ONLY*****

Estimate	Request status	Payment Status
An estimate of \$ _____ (Amount) was provided on _____ (Date) by _____ (Board Staff)	☐ Authorization to proceed _____ (Date) ☐ Request withdrawn _____ (Date) ☐ Information provided and request complete _____ (Date) ☐ Information not provided - law excludes information requested ☐ Other _____ (Detail)	Amount Received \$ _____ ☐ Cash ☐ Check # _____ ☐ Other _____ (Detail)
Forward completed form to: SOWIB PO Box 415/517 S. 7th St. Coos Bay, OR 97420	SIGNATURE OF RECORD CUSTODIAN	