

	<b>Policy No:</b> P-207 <b>Effective Date:</b> January 26, 2026 <b>New</b> <input type="checkbox"/> <b>Revised</b> <input checked="" type="checkbox"/>
<b>PUBLIC RECORDS REQUEST</b>	

## 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. 7<sup>th</sup> 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

<b>Section A - Requester Information</b>			
NAME OF REQUESTING INDIVIDUAL		TITLE	
PHONE	FAX	EMAIL	
FIRM OR TRADE NAME			
BUSINESS ADDRESS			
CITY	STATE	ZIP	
MAILING ADDRESS (IF DIFFERENT)			
CITY	STATE	ZIP	
<b>Section B - Record(s) requested</b>			
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			
<b>Section C - Receiving Record(s) certification</b>			
Please specify the delivery date desired, preferred method of receiving the requested record(s), and whether you require the records to be certified.			
<input type="checkbox"/> I would like to receive the requested records no later than:  <div style="text-align: center;">(DATE)</div>		<input type="checkbox"/> I prefer to receive the records(s) <input type="checkbox"/> By postal mail at the mailing address above <input type="checkbox"/> By e-mail at the e-mail address above <input type="checkbox"/> In person	
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	
*****OFFICE USE ONLY*****			
<b>Estimate</b> An estimate of \$ _____  (Amount)  was provided on _____  (Date)  by _____  (Board Staff)	<b>Request status</b> <input type="checkbox"/> Authorization to proceed _____  (Date)  <input type="checkbox"/> Request withdrawn _____  (Date)  <input type="checkbox"/> Information provided and request complete _____  (Date)		<b>Payment Status</b>  Amount Received \$ _____  <input type="checkbox"/> Cash  <input type="checkbox"/> Check # _____  <input type="checkbox"/> Other _____  (Detail)
	<input type="checkbox"/> Information not provided - law excludes information requested		
	<input type="checkbox"/> Other _____		
<b>Forward completed form to:</b>		<b>SIGNATURE OF RECORD CUSTODIAN</b>	
SOWIB			
PO Box 415/517 S. 7th St.			
Coos Bay, OR 97420			