



Public Record Fee Waiver and Reduction Request Form

Name _____ Date _____

Affiliation _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Under Oregon Revised Statute 192.410 et seq. and Oregon Administrative Rules 603-001-0125 to 0165, waivers and reductions of fees associated with copying public records may be granted by the Oregon Department of Agriculture under certain circumstances. Please answer the following questions to help us determine whether a waiver is appropriate.

1. What records are you requesting?

2. What is the intended purpose for the requested records?

3. Describe your ability to distribute collected records to the public.

Name _____

4. How will the requested records benefit the public?
5. If you are requesting information of a technical nature, the public interest standard demands a showing that you understand the information and you are able to distribute it to the public in a meaningful form. What is your ability to carry out this requirement?
6. Is there other information you would like to share with the department regarding the fee waiver or fee reduction request?

Please complete the form and return it to:

Oregon Department of Agriculture
635 Capitol Street NE
Salem OR 97301-2532
Fax: 503-986-4750

For department use only

Fee Waiver and Fee Reduction Evaluation

☐ Approved

☐ Denied

Amount requested waiver/fee reduction \$ _____ Amount waiver/fee reduction approved \$ _____

ODA approval by _____ Date _____

Fee waiver number (if approved) # _____