

## Public Records Request Form

Oregon Public Records Law (ORS 192) grants every person the right to inspect any public record of a public body in the state, unless exempt from disclosure by law. Persons wanting to inspect or obtain copies of PDC records need to complete this form and submit it to:

**Portland Development Commission**

**ATTN: Legal Admin** FAX: 503-823-3368

**222 NW 5th Ave.**

**Portland, OR. 97209**

Generally, within five (5) business days you will be contacted regarding arrangements to inspect and/or produce copies of records; and estimated fees.

### Description of Records Requested:

ALL DOCUMENTS GENERATED BY BRADLEY F. TELLAM (OR HIS STAFF) IN THE  
PRODUCTION OF HIS MEMO RE= CHAIR HENNESSEE AND THE CLEVELAND/3PR CONTROAS

I am interested in:  Personally Inspecting Records  Obtaining Copies

Is this request related to a civil judicial proceeding to which a public agency is a party?  Yes  No

### Request Submitted By:

|                  |                                  |           |   |
|------------------|----------------------------------|-----------|---|
| Name             | <u>CHRISTOPHER FRANKS</u>        | Telephone | <u>503-939-7071</u>                         |
| Address          | <u>4117 SE DIVISION ST. #401</u> | Fax       | _____                                       |
| City, State, Zip | <u>PORTLAND OR 97202-1646</u>    | E-mail    | <u>cdfr@e<br/>communique.portland.or.us</u> |

\*\*\*\*\* FOR PDC USE ONLY \*\*\*\*\*

Date Request Form Received By Legal \_\_\_\_\_ (Forward copy to Exec. Dir.)

Legal Counsel Review of Request and Identification of Exempt Records (if any):

Completed By \_\_\_\_\_ Date \_\_\_\_\_

Executive Director Approval of Records Request Disposition \_\_\_\_\_ Date \_\_\_\_\_

Requester Contacted With Response to Request By \_\_\_\_\_ Date \_\_\_\_\_

#### Estimated Fees:

Staff Time \_\_\_\_\_ hrs @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

# of Copies \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Other Reproduction Costs \$ \_\_\_\_\_

Total Estimated Fees \$

#### Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Fee Received:

By \_\_\_\_\_ Date \_\_\_\_\_

#### Records Inspected By/Delivered To:

\_\_\_\_\_ Date \_\_\_\_\_