



**KLAMATH COUNTY
FEE WAIVER REQUEST FORM
For Public Records Request**

| FOR DEPARTMENT USE ONLY | |
|-------------------------|--------------------------|
| DATE RECEIVED: | _____ |
| Full Waiver | <input type="checkbox"/> |
| Partial Waiver | <input type="checkbox"/> |
| Waiver Denied | <input type="checkbox"/> |
| AMT Waived: | _____ |
| AMT Due: | _____ |
| DATE: | _____ |
| INITIALS: | _____ |

Please note: no public record is "free." The tax-paying citizens of Klamath County will bear the financial responsibility for any fee waivers granted.

Klamath County may provide a fee waiver for people who otherwise would have to pay a fee for public records requests. Oregon law provides that a public body may waive fees for information provided in response to a public records request if the fee reduction is in the public interest because making the record available primarily benefits the general public. Klamath County considers all factors set out in the Attorney General's Public Records and Meetings Manual in reviewing individual requests for fee waivers. Generally, Klamath County will waive \$100 worth of public records fees *annually* to a media outlet or a non-profit organization.

Even if an organization has an existing fee waiver, Klamath County may still charge for either record review or copying based on the following factors:

- The extent of time, expense and interference with the Department's regular business;
- The volume of the record requested;
- The necessity to segregate exempt from non-exempt materials; or
- If a particular Department's funding is from statutorily dedicated funds.

Klamath County requires that a requesting party fill out this form completely and return to the custodial County Department.

Name (Printed): _____ Daytime Phone: _____

Email Address: _____ Date: _____

Preferred Response: E-mail _____ Phone _____ Fax _____ Mail _____

On behalf of: _____

Address: _____

City, State, Zip: _____

Please identify format of requested record(s).

Electronic Media _____ Paper Copy _____ Visual Inspection Only _____

Description of Original Request: _____

Originally Estimated fee - \$ _____ Fee Waiver - Amount Requested: \$ _____

Please complete the following information to assist us in evaluating this fee waiver request:

1. General background/mission information on requesting individual/group/organization as this information relates to public record requests from the County:

2. Purpose for which you intend to use the information/records requested:

3. Specific documents requested: (attached additional sheet if necessary)

4. Your ability (and plans) of the requestor to disseminate the information to the general public:

5. Explain how your use of the records/information requested will benefit the general public:

6. Any other information that you feel would be valuable in evaluating this fee waiver/reduction request:

Please Note: Klamath County will evaluate each request on a case by case basis.