



**SOUTHWESTERN**  
AN OREGON COMMUNITY COLLEGE

**SOUTHWESTERN OREGON COMMUNITY COLLEGE  
REQUEST FOR EXAMINATION OR COPIES OF PUBLIC RECORDS**

DATE OF REQUEST \_\_\_\_\_

REQUESTER INFORMATION:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Company/Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Signature \_\_\_\_\_

DETAILED REQUEST:

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



**OFFICE USE ONLY**

Estimated Cost \$ \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature of Vice President or President Date

Requester Notified of Estimated Costs by \_\_\_\_\_  
Print Name/Department Date

Request Filled by \_\_\_\_\_  
Print Name/Department Date

Comments \_\_\_\_\_  
\_\_\_\_\_