City of Condon Public Records Request Form

Requester information

Name: _____
Organization: _____
Address: _____
Email: _____
Telephone: _____

Details of request

Date of request: _____

Detailed description of documents requested:

(*Please be as specific as possible. Clearly provide the type of record(s) requested, subject matter, approximate date(s), and names of businesses and/or people involved. Attach additional sheet if necessary.)*

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How would you like the requested records to be delivered?

☐ By Mail ☐ Electronically (if available) ☐ Onsite inspection

Send completed form by email, mail, fax, or in person:
Email: records@cityofcondon.com
Address: City of Condon, PO Box 445, Condon, OR 97823
Fax: (541) 384-2700
In person: City Hall, 128 S Main St., Condon (Mon. – Thu 8 a.m. – 5 p.m.; Fri 8 a.m. – 1 p.m.)