



OREGON LIQUOR CONTROL COMMISSION
Request to Review/Copy File Records

Premises #

Public Records Request
PO Box 22297
Milwaukie, OR 97269

Licensee Name: _____

Trade Name: _____

Premises Address: _____

Reviewed/Requested By: _____ (please print)

Applicant/Owner: _____ Public: _____ Attorney: _____ Other: _____

Phone Number: _____ Home: _____ Business: _____ Cell: _____

Email Address: _____

Pick - Up: _____ Mail: _____ (address)

_____ (city, state, zip)

OLCC must receive payment prior to processing request & will call when file is complete and ready for pick-up

Signature: _____

NOTE: This request becomes part of the file you are reviewing and is considered a public record

FILE INFORMATION REQUESTED

Entire File: _____ Compliance: _____ Violations: _____

Application Information: _____ Premises Info: _____ Other: _____ (special request)

Received By: _____ Date: _____

CHARGES:

BURN CD: _____ #CD's @ \$5.00 each \$ _____

COPIES:** _____ #Files @ 5.00/File \$ _____

**Over 100 pages is calculated at \$13.00/hour

Pages @ \$0.25/Page \$ _____

TOTAL AMOUNT DUE: \$ _____

PAID Cash: _____ Check: _____ Check Number: _____ Receipt Number: _____

OLCC USE ONLY

Active File _____ Inactive File _____ Ready _____ Disc/Copy Date Stamp _____