

REQUEST FOR DISCOVERY

Date: _____
Name: _____
Address: _____

Telephone: _____

Pursuant to ORS 135.815, please accept this as my request for discovery. With this request, I am requesting the following items(s):

Discovery Fee: The cost to fill a standard discovery request is \$12. Payment can be made in cash or by check (payable to CITY OF BEAVERTON). We are located in Beaverton City Hall, City Attorney's Office, 4755 SW Griffith Drive, Beaverton, OR 97005. You may either hand deliver your request along with payment or mail it in along with your check. Your request **will not** be processed until payment has been received by the City Attorney's office. If your request is extensive you may be notified of additional charges prior to the work being done. In addition to the standard \$12 fee, the following items are at an additional cost as indicated below.

Color Photo Reproduction: \$1/ photo
Reproduction of Video Recording: \$25
Reproduction of Audio Recording: \$10

(Do Not Write Below This Line)

Receipt of Discovery: _____ Date: _____
Receipt of Payment: _____ Date: _____

PLEASE NOTE: WE ARE NOT PERMITTED BY LAW TO GIVE LEGAL ADVICE