

**Clackamas County Soils Section
Public Records Research Request**

Contact us: Via fax at 503-742-4565
Via phone at 503-742-4611, or
In person at 150 Beavercreek Rd. 4th floor, 7 am to 5:30 pm M-TH

This procedure applies to all public record requests received in writing, by phone, or in person. We do records research on Tuesdays and Thursdays. Our records extend back to the mid 1970's. If we find any records, we will send them to you the same day. Failure to provide complete information can affect our ability to get desired records to you. In order to expedite your request, please answer the following questions.

Today's Date: _____

1. What do you need? (check one)

_____ I need a copy of a septic system diagram or "as-built"
If there is a house, what year was it built? _____

_____ I need a copy of a septic approval/construction specifications

Note: Check with our Planning Section if you need information about "classes" of soils, or wetland soils, or earth-movement hazard.

2. Where is the property located? (provide both the following, if possible / applicable)

Township_____, Range_____, Section_____, Tax Lot_____

Address: _____

3. How can we get the information to you?

_____ **Pick up in person at WES, 4th Floor Counter 150 Beavercreek Rd..**

_____ **Mail to:** _____

_____ **Fax to:** _____

Do you need a cover sheet at your fax machine? Y / N

*******Sorry, emailing is not an option at this time*******

4. How would you like to pay?

Note: most records cost under \$12- we charge nothing if we don't find any record

_____ *credit card (please circle if Mastercard or Visa) number:* _____

*exp*_____ *billing zip code*_____ *billing street address*_____

_____ *check, due up upon pick up of records (will we phone you with the amount)*

_____ *cash, due upon pick up of records (will we phone you with the amount)*

5. What is the best way for us to call you?

_____ *Phone number:* _____

_____ *Cell number:* _____

Your name, please: _____

=====

RESEARCH COMMENTS: _____

Number of hours: _____ Fee: _____

Number of copies: _____ Fee: _____

Fee Total: _____