



YAMHILL COUNTY ASSESSMENT & TAX

Derrick C Wharff
Assessor and Tax Collector

Request for Public Information

Please complete this form to request information and/or copies of public records that will require additional time and assistance from the Assessor's Office staff. The fee must be paid before our office can fulfill this request. If you need help calculating the fee, please contact our office at (503) 434-7521. If you are paying by check, make the check payable to Yamhill County Assessment & Tax. If you are paying by credit card, please use the attached Credit Card Authorization. This request may take up to two weeks to process.

Date of Request: _____
Name of Requestor: _____ Organization: _____
Phone Number: _____ Email: _____
Mailing Address: _____

Below, please list the **specific information** you are requesting, including tax lot or account numbers and any additional information you need. If necessary, please attach a separate page. In addition, **please complete the Fee Calculation section** on page 2 of this form.

Data Format: Excel Access Text Delimited

By signing below, I affirm that this data will be used for internal purposes only and will not be sold to secondary sources or used for subscription purposes.

Signature of Requester: _____ Date: _____

Rev 04/2025

YCAT-OF-0001



Office Address
400 NE Baker St
McMinnville OR 97128



Contact us
(503) 434-7521
assessor@yamhillcounty.gov



Mailing Address
535 NE 5th St
McMinnville OR 97128

Fee Calculation (Check all boxes that apply)**Tax, Payment History, General Account Information (year built, square footage, ownership, etc.)**

- | | |
|--|------|
| <input type="checkbox"/> 1–15 Accounts | \$25 |
| <input type="checkbox"/> Each Additional 15 Accounts | \$25 |

Maps (price is per map)

- | | |
|--|------|
| <input type="checkbox"/> Aerial Map, Color, 18" x 24" | \$20 |
| <input type="checkbox"/> Tax Lot Map, Black & White, 18" x 24" | \$10 |

Data Extracts

- | | |
|---|-------|
| <input type="checkbox"/> Mapping System Buffer List | \$25 |
| <input type="checkbox"/> Tax Roll | \$75 |
| <input type="checkbox"/> Delinquent Tax File | \$75 |
| <input type="checkbox"/> Real Estate Data File | \$75 |
| <input type="checkbox"/> Sales Data File – 3 years | \$75 |
| <input type="checkbox"/> Flat Sales Data File (includes all past year sales data available) | \$100 |

GIS Data from the Most Recent Certified Assessment & Tax RollData Format: Shapefile Geodatabase

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Tax Lot Layer (Includes Owner Name, Mailing Address, & Situs Address) | \$250 |
| <input type="checkbox"/> Tax Code Layer | \$250 |
| <input type="checkbox"/> Monthly GIS Data Subscription (Includes Owner Name, Mailing Address, & Situs Address) | \$500 setup fee, then \$150/month |

Data research from our archives (i.e. filed documents, letters & correspondence, etc.) is charged hourly. The hourly rate is \$50, with a \$25 minimum charge. Printed copies of archived documents are \$1 per page in addition to the cost of the research. If you require this form of assistance, we will calculate the fee after we determine the scope of the research. Payment is due prior to delivery of documents. Please note, we may require a confidentiality waiver for some information.

- Archival Research requested; please calculate fee.

For Office Use Only

Date Received & Initials: _____ Date Processed & Initials: _____

Amount Paid & Receipt No: _____ Date Sent to Customer: _____

How Data was Provided: FTP Site Email CD/DVD Other _____

CREDIT CARD AUTHORIZATION

Date: _____

Business: _____

Contact: _____

Address: _____

Phone Number: _____

Email: _____

CARDHOLDER INFORMATION

Name: _____

Billing Address: _____

Phone Number: _____

Email: _____

Contact Person (if different than above): _____

VISA MasterCard Discover American Express

Credit Card #: _____ Exp. Date: _____

CVC # on the back of your credit card: _____

I, _____, hereby authorize Yamhill County Assessment & Tax to charge my credit card, as referenced above, a sum not greater than \$_____ for the following fees and services:

I further agree that I am solely responsible for these charges and cannot and will not hold Yamhill County Assessment and Tax responsible for them.

****All credit and debit card transactions incur a 3% service fee for all charges.****
Yamhill County does not receive any portion of the service fee.

Printed Name

Signature

Date

For Office Use Only

Receipt # _____

Total Paid \$ _____

Ref # _____

Approval #: _____

Notes: _____