



# SUNRIVER POLICE DEPARTMENT

57475 ABBOT DRIVE • SUNRIVER, OR 97707 • (541) 593-1014 • FAX (541) 593-1870

## PUBLIC RECORDS REQUEST

### REQUESTOR'S INFORMATION

\*Name: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### RECORD INFORMATION

\*A detailed description must be provided to identify/retrieve the requested record. Please complete all fields known to you

Name of Person Involved: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_ Case #: \_\_\_\_\_

Type/Nature of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

My relationship to person involved: \_\_\_\_\_

\*Is this record needed for Court? **Yes/No** If Yes, Date Needed By: \_\_\_\_\_

### FEE SCHEDULE

**\*I am requesting the following records:**

- Police Case Report - \$20.00/First 8 Pages (\$1.00/Each Additional Page)
- Incident Report - \$5.00 Each
- Body Cam: Digital Link – Redaction fees may apply: \$13 per 15-minute increment
- Photo(s) or Video(s) on CD - \$15.00 Each
- Other – Explain \_\_\_\_\_

### CONDITIONS

1. Requests for information must be submitted in writing. A report from another agency and other investigative information within the report remains the property of the originating agency and will not be released.
2. Upon receiving a written request, the SRPD shall collect applicable search and copy fees. Any reports involving an open investigation with SRPD or open for review or prosecution with the District Attorney's Office will not be released.
3. I understand my request could be denied under the Oregon Public Records Law. I certify that all of the information contained in this request is true and correct.
4. Cash, Check, Cashier's Check accepted-payable. Please make checks payable to Sunriver Service District. Completed requests and payment shall be mailed to Sunriver Police Department, PO Box 4788, Sunriver, OR 97707. Fees are determined per ORS 192.440(4).
5. \*Above Information Elements Required by OR Laws 2007, Ch. 467

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

### (For Official Use Only)

Date of Received Records Request: \_\_\_\_\_ Date of Payment Received: \_\_\_\_\_ Admin: \_\_\_\_\_

Comments: \_\_\_\_\_

- Mail
- Call for Pick-up
- Email