



SUNRIVER POLICE DEPARTMENT
PUBLIC RECORDS REQUEST

Please make checks payable to Sunriver Service District. Completed request and payment shall be mailed to Sunriver Police Department, PO Box 4788, Sunriver, OR 97707. Fees are determined per ORS 192.440(4).

Request Date: _____

REQUESTOR'S INFORMATION:

*Name: _____ *Telephone # _____

* Mailing 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: _____

*I am requesting the following records:

- Police Case Report - \$20.00/First 8 Pages (\$1.00/Each Additional Page)
Incident Report - \$5.00 Each
Photograph CD - \$15.00 Each
Other - Explain _____

* Above Information Elements Required by OR Laws 2007, Ch. 467

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.

Requestor's Signature

(For Official Use Only)

Date of Receipt in Records: _____ By: _____

Comments: _____

Mail []
Call for Pick-up []