



HOOD RIVER COUNTY SHERIFF'S OFFICE

309 STATE STREET
HOOD RIVER, OR 97031
www.hoodriversheriff.com
Business Office Phone: (541) 386-2098
Business Office Fax: (971) 231-2006

PUBLIC RECORDS REQUEST

Your Name: _____ Phone: _____
(Name) (Agency) Fax: _____

Your Mailing Address: _____
(Street) (City) (State) (Zip)

Your Email Address: _____

How would you like us to return this record back to you? (circle one) **Pick-up** **Email** **Mail** **Fax**

I am requesting the following record(s):

- Incident Report (\$25 per report)
- Incident Photos (\$5.25 each or \$30 for a CD with up to 20 photos)
- DMV Crash Report (\$15 per report)
- 911 Call for Service (CAD) Report (\$15 per report)
- 911 Audio Recording (\$50 per hour/1 hour min.)
- Criminal/Traffic Citation (\$15 per citation)

If the Incident Report requires research other than locating the report, there is a \$25 per hour (1 hour minimum) charge.

Date/Time of Incident: _____ Case #: _____
(Date) (Time)

Type/Nature of Incident: _____ Location of Incident: _____

People Involved: _____ Date of Birth(s): _____

Relationship to People Involved: _____

Other Helpful Information: _____

Reason for Request: _____

I understand that my request may be denied under the Oregon Public Records Law. I certify that the information contained in this request is true and accurate. Requests should be responded to without unreasonable delay in accordance with Oregon Law (192.329).

Your Signature: _____ Today's Date: _____

Completed form/fee may be mailed or hand delivered to the Hood River County Sheriff's Office.

(For Business Office Use)

- The requested copy is enclosed (information may be redacted to comply with privacy laws)
- The requested copy is exempt from disclosure for the following reason (ORS Citation):
 - ___ Currently under investigation – 192.345(3)
 - ___ Personal Privacy – 192.345(18)
 - ___ Trade Secrets – 192.345(2)
 - ___ Would disclose personal security measures – 192.345(18)
 - ___ Litigation – 192.345(1)
- We are unable to locate the requested record with the information provided.

Processed By: _____
(Name) (Date) (Time)

Amount Due: \$ _____ Check #: _____ Cash: \$ _____ Credit Card: Receipt #: _____