Request for Copy of Records

Date: ____________  Name: ____________________________

Phone: ____________  Address: ________________________

Case # ____________  Nature of Incident: ________________________

Date of Incident: ____________  Time of Incident: ____________

Address / Location of Incident: ________________________

Description of what you are requesting (i.e. Case Report, Call Log, etc.):

_________________________________________________________________

_________________________________________________________________

Additional Comments: ________________________

Oregon Public Records Law grants each person the right to inspect the records of a public body, unless exempt from disclosure. The Prineville Police Department releases public records in accordance with our records policy and this law. For more information on the Oregon Public Records Law please go to www.leg.state.or.us/ors/192.html.

Requestor Signature

Staff Use Only:

Supervisor Approval needed  □ Yes  □ No  Submitted for Approval on __________

Supervisor Signature Approving Release __________________________ Date __________

Report cost $__________  □ Cash  □ Credit Card  □ Money Order  □ Check

Number of pages ________  □ Photos Included

Comments: ____________________________________________

Request Completed Date: ____________  By: ____________________________  □ Hand Delivered  □ Mailed