



City of Carlton
191 E. Main Street
Carlton, OR 97111
Phone: (503) 852-7575 • Fax: (503) 852-3125

REQUEST FOR POLICE RECORD(S)

Oregon Public Records Law grants each person the right to inspect the records of a public body (unless exempt from disclosure). The City will respond as soon as practical, without delay.

Date of Request: _____

Name: _____

Address: _____

Home Phone: _____

Work / Cell Phone: _____

Have you already contacted someone within the City about this request?

Yes No

Who: _____

<p>Police Report: \$15.00 Background Investigation: \$15.00 general Electronic files: \$15 per CD or DVD plus estimated redaction costs per ORS 192.345 (40)(c)</p>

Description of records requested (please be as specific as possible): _____

By signing this request, I acknowledge if a request for records requires Police personnel to spend more than 30 minutes compiling a record to meet the person's request, there may be additional charges assessed. Such charges shall include time spent locating the requested records, reviewing the records in order to delete exempt material, supervising the inspection of original documents, and copying the records. The Police personnel shall estimate the total amount of time required to respond to the records request, and the person making the request shall make payment for the estimated cost of the search and copying of the records in advance. If the actual costs and time are in excess of the estimated time, the difference shall be paid by the person requesting the records at the time the records are produced.

Signature _____

Reason(s) Carlton Police Records Request was Denied:

Case(s) under current investigation. ORS 192.501 (3)

Case(s) pending prosecution. ORS 192.501 (3)

Report(s) from other agencies. (Requesting parties must contact the outside agency for report release.)

Juvenile Case(s) ORS 419.255(2)

Child Abuse or Child Sex Abuse Case(s). ORS 419B.035

Medical Records. ORS 192.502 (2)

Officer Signature _____

OFFICE USE ONLY	
Forwarded to: <input type="checkbox"/> City Recorder <input type="checkbox"/> Police Chief	Staff Name: _____ Date Completed: _____
Staff Time/benefits: \$ _____	Copy Cost: \$ _____
Materials: \$ _____	Total Cost: \$ _____