

MT. ANGEL POLICE DEPARTMENT
P.O. Box 960
Mt. Angel, OR 97362

503.845.9294 Office
503.845.4000 FAX

POLICE PUBLIC RECORDS REQUEST

Date of Request _____

Printed Name of Requestor _____

Address (Street & Mailing if Different) _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Information/Public Record Being Requested (Be specific, including dates, the subject matter, and other details to assist in locating the record. Include a basic reason for the request.)

Fees for Police Public Records Requests: \$20.00 cash/check or money order for each report.

For extensive reports and special requests, additional fees may be charged.

REQUESTOR TO READ & SIGN UPON SUBMITTING REQUEST:

I understand that every person has a right to inspect any public record of a public body in this state, except as otherwise expressly provided by ORS 192.501 to 192.505. Further, I understand that fees will be charged to reimburse the City of its actual cost in making the records available. Such fees may include staff time, costs for summarizing, compiling or tailoring a record to meet my request. I also understand that dates of birth, addresses, social security numbers and any other identifying information on any person other than my self will be redacted from the report(s).

Signature of Requestor _____

For MAPD use only

THIS RECORDS REQUEST:

- Was completed as requested
- Will require more time to process. Estimated completion date _____
- Will exceed \$20 Pre-payment required. Estimated amount _____
- Was unable to be completed because the City is not in possession of the records.
- Was unable to be completed because the records are exempt under state or federal law.
- Was unable to be completed at this time because an arrest was made and the case has not been adjudicated in court.

Date Records Issued _____ Request performed by (Initials) _____