

POLICE PUBLIC RECORDS REQUEST



City of Silverton
 Police Department
 306 S Water Street
 Silverton, OR 97381
 Phone: 503-873-5326
 Fax: 503-873-7452
 www.silverton.or.us

Date:

Name: **Address:**

Home Phone: **Cell Phone:** **Email:**

Information/Public Record Being Requested: (Be specific, including dates, the subject matter, and other details to assist in locating the record sought)

Fees for Police Public Records Requests

Copies:	
8.5 x 11	.15 per page
11 x 17	.30 per page
8.5 x 11 color	.30 per page
11 x 17 color	.60 per page
Photo Paper	additional .60 per page
Nonstandard Document	actual reproduction cost
Police Report	10.00 ≤ 10 pgs; .10 ea. addt'l pg
Electronic:	
CD/DVD	5.00 each
Electronic Searches/Server	\$5 - CD/DVD; \$100/hr. research fee (min. 1 hr.)
Research Fees:	
Up to 30 min	reproduction cost only
30 min and over	reproduction cost + staff time

Do you want the records mailed or will you pick them up? Mail Pick Up

REQUESTOR TO READ AND 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 calculation may include staff time, costs for summarizing, compiling, or tailoring a record to meet my request. Copies of large documents may be taken to a commercial copy business. For those documents, the fee will be actual cost plus staff time. I hereby request the City of Silverton Records Officer produce, as best to their ability, the records specified above. Payment in advance is required for charges estimated to be over \$10.00.

Signature of Requestor

INFORMATION BELOW TO BE COMPLETED BY CITY STAFF ONLY

Date request was received: <input type="text"/>	This Records Request... <input type="checkbox"/> Was completed on (date): _____ <input type="checkbox"/> Was referred to the City Attorney on (date): _____ <input type="checkbox"/> Will require more time to process. (Estimated completion date): _____ <input type="checkbox"/> Will exceed \$10 so will require prepayment. (Estimated amount): _____ <input type="checkbox"/> Was unable to be completed because the City is not in possession of the records. <input type="checkbox"/> Was unable to be completed because the records are exempt under state or federal law. <input type="checkbox"/> Other: _____
This request was referred to the... <input type="text"/>	
Date copy of request form was sent as acknowledgment: <input type="text"/>	
Date Records were sent: <input type="text"/>	
Fee Total: <input type="text"/>	