Public Records Request

## *West Linn Police Department*

1800 8th Avenue

West Linn, OR 97068

503.655.6214

**Submit request to:**

West Linn Police Department Records, Fax: 503.656.0319 or E-mail: wlpdrecords@westlinnoregon.gov

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Preferred method of contact:* [ ]  Mail [ ]  Phone [ ]  E-mail

Please describe the materials requested, to the extent known and with as much detail as possible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please check how you would like to receive the requested documents:* [ ]  Review at Police Dept. [ ]  Pick Up [ ]  US Mail

**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 provided by ORS 192.496 to 192.505. I understand that the documents or records requested may not be immediately available for my review and that I may need to make an appointment to review the documents or records. I acknowledge that there may be a cost for the research time to retrieve the requested records and costs for duplication of requested documents. If research time is required, I understand I will be notified of the estimated cost prior to retrieving the documents or records. I also understand that prepayment for research time and copies may be required. I acknowledge that any documents or records made available to review must not be disassembled and must be left intact, and that I cannot make copies myself.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Requestor Date

Business Name *(if applicable)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.5 x 11  $ 0.25   8.5 x 14  $ 0.30   11 x 17  $ 0.35 per page # Copies made: \_\_\_\_\_\_\_\_\_\_\_\_­­­­ $

Research fee and other media or materials

*(See next page and fee schedule for costs)* Length of time: \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­ $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $

TOTAL DUE $

**Date Record (s) Picked Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### INSTRUCTIONS FOR REQUESTING PUBLIC RECORDS \*

1. Requests must be in writing using the form provided. (Please note, the police department will not create a new document in response to a records request.)

2. Submit request to the West Linn Police Dept., 1800 8th Avenue, West Linn, Oregon, 97068, or by fax at 503.656.0319, or by e-mail at wlpdrecords@westlinnoregon.gov.

3. The police department shall respond to all requests as soon as practical and without unreasonable delay or will explain why more time is needed for a full response.

4. If inspection of documents is preferred over copies, such inspection shall occur during normal business hours. An acceptable inspection time and place will be arranged between the requestor and the staff person. Space is provided for one person to inspect records per request.

5. The police department will submit a cost estimate to the requestor to provide the requested documents, including copying charges, research time (if required), and separating exempt from non-exempt materials.

6. If the estimated cost is $25.00 or more, the police department shall require a deposit in the full amount of the estimate before fulfilling the request. If the actual cost exceeds the estimate, the police department will not release the documents until the fee is received in full. NOTE: The police department **does not** accept payment over the telephone.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| COSTS FOR POLICE PUBLIC RECORDS |
| Photocopying Black & White and Color Copies: per page 8.5 x 11 8.5 x 14  11 x 17Records Research Fee |  $ 0.25 $ 0.30 $ 0.35Staff hourly wage + benefits |
| CD Duplication (per case and/or documents) | $20.00$15.00 each addl.  |
| Research Cost: Staff hourly wage, plus benefits | Varies |