



Seaside Police Department

1091 S. Holladay Dr. Seaside, OR 97138 503-738-6311

Request for PUBLIC RECORDS DISCLOSURE

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

What public record is being requested? _____

Case Number (If known): _____

Exactly what are you looking for in the above public record? _____

Is this record to be **Viewed** or **Copied**

Are you involved in this matter as a suspect or criminal defendant? **Yes** or **No**

Are you, or are you considering becoming involved in a civil litigation with the City of Seaside, or any of its employees? **Yes** or **No**

I understand that in making this request I am responsible for all costs incurred in the preparation, including the cost of salaries of employees preparing and reviewing this request, and the actual copy machine cost.

Date: _____ **Signature:** _____

DO NOT WRITE BELOW THIS LINE

Approved by: _____ Date: _____

Mailed / Handled by: _____ Date: _____