

SEASIDE POLICE DEPARTMENT

1091 S HOLLADAY DRIVE, SEASIDE OR 97138 / 503-738-6311 / FAX 503-738-6554



REQUEST FOR PUBLIC RECORDS DISCLOSURE

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PHONE: _____ FAX NUMBER: _____

EMAIL: _____

WHAT IS YOUR RESPONSE PREFERENCE (CIRCLE ONE)? MAIL / PHONE / EMAIL / FAX

CASE NUMBER, IF KNOWN: _____

WHAT PUBLIC RECORD IS BEING REQUESTED? _____

ARE YOU INVOLVED AS EITHER THE SUBJECT OR CRIMINAL DEFENDANT? YES / NO

ARE YOU CONSIDERING BECOMING INVOLVED IN A CIVIL LITIGATION WITH THE CITY OF SEASIDE, OR ANY OF ITS EMPLOYEES? YES / NO

I UNDERSTAND THAT IN MAKING THIS REQUEST I AM RESPONSIBLE FOR ALL COSTS INCURRED IN THE PREPARATION, INCLUDING COST OF SALARIES OF EMPLOYEES PERPARING AND REVIEWING THIS REQUEST AND THE ACTUAL COPY MACHINE COST.

CURRENT FEE SCHEDULE (GENERALLY), PAYABLE AT TIME OF RECORDS REQUEST: TEN (\$10) PER REPORT, TWENTY-FIVE (\$25) FOR CD / DVD COPIES. WE RESERVE THE RIGHT TO ADJUST THIS FEE BASED ON REQUEST AND TIME TAKEN TO PREPARE.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

APPROVED BY: _____ DATE: _____

MAILED / HANDLED BY: _____ DATE: _____