



# HERMISTON POLICE DEPARTMENT

330 S FIRST STREET • HERMISTON, OR 97838

PHONE (541) 567-5519 FAX (541) 567-8469

EMAIL records@hermiston.or.us

## PUBLIC RECORDS REQUEST

**Attention Requestor:** This form is requesting public records held by the Hermiston Police Department. Records requests are processed in the order they are received. The Department shall respond to public record requests within ten (10) working days of receipt. Oregon law provides that the Department can require the requestor to cover the costs of summarizing, compiling and/or tailoring public records, as well as actual costs of time spent by staff searching, locating, reviewing, redacting, copying and/or sending records to the requestor. Some requests involve higher costs depending on the staff time required for research, or the time involved to complete requests. If the request is denied, a specific reason(s) will be given. The total fee is due before the records will be processed. **The report fee will be waived for the victim(s) for first time requests.**

**\*\* FEES ARE NON-REFUNDABLE \*\***

**FEES FOR A PUBLIC RECORDS REQUEST:**

**\$1.00** Printing full page photos, one per page.

**\$2.00** Copying to CD/DVD.

**\$10.00** Copy of report.

**\$35.00** Minimum charge for copy of audio/video recording.

\*Lengthy request fee waived for 1<sup>st</sup> hour of processing.

**\$35.00 per hour** for staff time spent fulfilling lengthy or complex requests, Billing 15-minute increments.

**CHOOSE ONE: (Completed by Requestor)**

I will pick-up my report.

Mail my report to me. (Sent via regular mail.)

Email my report to:

**ESTIMATED COST: (Completed by Office Personnel)**

Estimated Cost, if over \$25: \_\_\_\_\_

Estimated time to Complete, if billed for staff time: \_\_\_\_\_

REQUESTOR FIRST & LAST NAME or ORGANIZATION <i>(please print legibly)</i>		DATE OF REQUEST
MAILING ADDRESS		
CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	SIGNATURE <i>(required)</i>	

**DESCRIPTION OF RECORD(S) *(please be specific):***

INCIDENT/CASE NUMBER:	DATE OF INCIDENT:
LOCATION OF INCIDENT:	
NAME OF INVOLVED PARTY:	DATE OF BIRTH:

**OTHER PERTINENT INFORMATION THAT COULD NARROW THE SEARCH:**

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

**DEPARTMENT USE ONLY**

Copies of all requested records for which we do not claim an exemption are enclosed.

We do not possess or are not the custodian of the requested records.

The following information/records requested is exempt from inspection, copying or disclosure under the Open Records Law for the following reason(s):

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