Deschutes County Sheriff's Office
63333 Highway 20
Bend, OR 97703

Phone: (541) 388-6655

OFFICE USE ONLY			
Date Received:			
Initials:			
CASE STATUS			
☐ **DCSO Open Case**		☐ **DA Open Case**	
☐ **DCSO Closed Case**		☐ **DA Closed Case**	
Notes:			

Public Records Request

REQUESTOR'S INFORMATION:

Name: _____ **Phone #:** _____

Mailing Address: _____

I am requesting the following record(s):

☐ Police Case Report ☐ Incident Report ☐ Photograph CD ☐ Other

Date/Time of Incident: _____ **Case #:** _____

Type/Nature of Incident: _____ **Location of Incident:** _____

Name of Subject Involved: _____ **Subject's Date of Birth:** _____

Relationship to Subject: _____ **Is this record needed for court?** Yes/No

If Yes, Date Needed By: _____

Report will be: ☐ **Picked up** ☐ **Mailed**

Please identify the public record(s) you are requesting, as specifically as possible:*

_____

_____

Fees are determined per ORS 192.440(4) and are **due at time of request.** This request will be reviewed to estimate the actual costs of fulfilling the request. Public record requests will **not** be processed without a pre-paid deposit of the estimated charges. Completed request and payment shall be mailed or hand-delivered to the main Deschutes County Sheriff's Office at 63333 Highway 20 in Bend. Please make checks payable to "DCSO" or Deschutes County Sheriff's Office.

Service	Fee Schedule	Estimate (OFFICE USE ONLY)
Police Case Report	$20.00/First 8 Pages ($1.00/Each Additional Page)	$
Incident Report/Log	$5.00 ($1.00/Each Additional Incident Report)	$
Photograph CD	$15.00 ($5.00/Each Additional CD – Same Case)	$
Look-up Fee	$10.00	$
Professional File Search/Redaction Fee	$29.00/hour	$
Legal Counsel Review	$150.00/hour (1/4 hour minimum)	$
Photocopies	$0.25/page	$

TOTAL OF ESTIMATED CHARGES: $_____

I understand that my request may be denied under the Oregon Public Records Law. I certify that the information contained in this request is true and accurate.

_____ _____

Requestor's Signature **Date**