



ASTORIA POLICE DEPARTMENT

Request for Public Records

INCIDENT #:	DATE OF INCIDENT:	CASE OFFICER IF KNOWN:
-------------	-------------------	------------------------

Record requests are processed in the order they are received and **may take from 7 to 21 days to complete**. There may be fees associated with the copying of public records. Some requests involve higher costs depending on the staff time required for research, or the time involved to complete lengthy or complex requests. The total fee is due before the records will be provided. Please print legibly when filling out this request form. Please call **503-338-6433** if you have any questions about our process or fees.

FEEES FOR A PUBLIC RECORDS REQUEST: \$6 Copy of a citation or log entry. \$15 Copy of a report. \$35 Minimum charge for copy of an audio recording. \$35 Minimum charge for copy of video recording. \$35 per hour for staff time spent fulfilling lengthy or complex requests.	CHOOSE ONE: <input type="checkbox"/> I will pick up my report <input type="checkbox"/> Mail my report to me <input type="checkbox"/> Email my report to: _____ <input type="checkbox"/> Fax my report to: _____	MAIL PUBLIC RECORD REQUESTS AND PAYMENT TO: Astoria Police Department Records Division 555 30 th Street Astoria, OR 97103
--	--	---

CHOOSE ONE:
 I WOULD LIKE **COPIES** OF THE BELOW REFERENCED PUBLIC RECORDS. I WANT TO **REVIEW** THE BELOW REFERENCED PUBLIC RECORDS

NAME OF PERSON OR COMPANY MAKING REQUEST:		PHONE:
ADDRESS WHERE YOU WANT RECORDS SENT:		FAX:
DATE THIS REQUEST MADE:	EMAIL ADDRESS:	
EMPLOYER ADDRESS:		SUPERVISOR'S NAME:

CASE/REPORT/INCIDENT NUMBER:	DATE OF INCIDENT:
CASE/REPORT/INCIDENT NUMBER:	DATE OF INCIDENT:

COMMENTS:

CHOOSE ONE:
 Please indicate if this request is related to a lawsuit involving the City of Astoria? YES NO

DISPOSITION OF REQUEST / DEPARTMENT USE ONLY:

<input type="checkbox"/> DOCUMENTS REVIEWED IMMEDIATELY	COPIES PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> LOCATING DOCUMENTS; RESPOND BY: _____	NUMBER OF COPIES: _____
AMOUNT DUE: \$ _____	REQUEST COMPLETED BY: _____

COMMENTS:

