

# 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 EMPLOYEEES? YES / NO

IS THIS REQUEST FOR THE PURPOSE OF DETECTING OR APPREHENDING PERSON FOR THE PURPOSE OF ENFORCING FEDERAL IMMIGRATION LAWS? 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: \_\_\_\_\_