



HERMISTON POLICE DEPARTMENT

330 S 1ST STREET • HERMISTON, OR 97838

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

EMAIL records@hermiston.gov

PUBLIC RECORDS REQUEST

Attention Requester: This form is requesting public records held by the Hermiston Police Department. Requests must be made in writing, using this form. Records requests are processed in the order they are received. The Department shall respond to public record requests within five (5) working days of receipt, excluding staff absences. Oregon law allows Departments to recoup costs, from requesters, to fulfill records requests, including: summarizing, compiling and/or tailoring public records, as well as actual costs of staff time spent searching, locating, reviewing, redacting, copying and /or sending records to the requester. Some requests involve higher costs depending on the staff time required for research, or the time involved to complete requests. The requester will be notified of the fees associated with fulfilling the request. **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.** If the request is denied, a specific reason(s) will be given. If there are any questions, concerns or problems with this request please contact: Communications Manager Amanda Hartsteen - Phone (541) 667-5105.

** FEES ARE NON-REFUNDABLE **

Actual Cost	Copied to CD/DVD/USB	\$20.00	Police Investigation Report (Digital or Printed)
Actual Cost	Mailing Services	\$20.00	Police CAD Incident Report
\$0.25	Printed full-page black & white photos	\$20.00	Address/Name Record Check
\$1.00	Printed full-page color photos	\$5.00	Citation Copy
**	Double-Sided copies billed at per page rate.	\$5.00	Mugshot Copy
\$35.00/ hr	Lengthy requests (request over 15 minutes to complete), in addition to other fees. *Fees charged at 15 minute increments.	\$35.00	Minimum charge for a copy of audio & video recording, in addition to other fees.

CHOOSE ONE: (Completed by Requester)

I will pick-up my report. Mail my report to me. (Sent via regular mail.)

Email my report to:

REQUESTER INFORMATION:

REQUESTER: FIRST & LAST NAME or ORGANIZATION/BUSINESS NAME (TO INCLUDE CONTACT PERSON)		DATE OF REQUEST
MAILING ADDRESS		
CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	SIGNATURE (required)	

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):

DATE OF COMPLIANCE OR DENIAL OF REQUEST

RECORDS CUSTODIAN SIGNATURE