CLACKAMAS COUNTY DA'S OFFICE

PUBLIC RECORDS REQUEST

What type of requester are you?

☐ Individual ☐ Victim* ☐ Media ☐ Public Agency ☐ _____

REQUESTER INFORMATION

Name:	Date of Request:	
Email:		
Mailing Address:		
City:	State:	Zip:
Daytime Phone:		
Is this request related to a lawsuit in which Clackamas County or the Clackamas County District Attorney's Office is a party, or a tort claims notice filed with the County?	Yes ☐	No ☐
Copies may be furnished without charge or at a substantially reduced fee if there is a determination that the waiver or reduction of fees is in the public interest. Does this request primarily benefit the general public? **If Yes, please describe the public benefit in the below description of your request.**	Yes ☐	No ☐

***Victims**: If you are a named victim in a case with our office, that case's police reports will be provided to you free of cost outside of the scope of Public Records. Please make sure you've checked the 'Victim' requester type box above, then continue to fill out and submit this form. Someone will reach out to you shortly to facilitate the records' release.

DESCRIPTION OF RECORDS REQUESTED

Please describe the materials you are requesting in as much detail as possible: case number, type of document, date, author, title, etc. If you need more room, please attach additional sheets.

(Attach additional sheets as necessary.)

- The DA's office will respond to your request within 5 working days.
- If the estimated costs involved in fulfilling your request exceed $25, the DA's office will advise you of the estimated costs and require your approval before beginning work.
- Pre-payment of the estimated costs may be required before taking further action on your request and before the public records are inspected or copies are released.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and further agree to pay the cost of fulfilling this Public Records Request according to the conditions set forth above. These costs may include the cost of locating records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing records. I agree to pay a maximum of $25 without further approval.

_____ _____

Signature of Requestor Date

Send completed form to DistrictAttorney@clackamas.us