



# Clackamas County Sheriff's Office

Effective: 6/2018

## REPORT RELEASE POLICY

### PUBLIC RECORD ORS 192.324

All requests for copies of reports must be submitted in writing to the Clackamas County Sheriff's Office. Payment must be sent with the request. If no report is available, the payment will be returned.

#### Fee Schedule:

Police Report	\$10.00 for first 30 pages, 20 cents per additional page (Fee may be waived if you are mentioned in report or if report is sent electronically)
Address or Name History	\$10.00 per name/address
Photos	\$10.00 per CD or thumb drive copied
Notarized Visa/Background Letters	\$5.00 per name
Video/Audio Requests	\$25.00 per CD/DVD
Jail Videos	\$50.00 + \$20/hour after 1 <sup>st</sup> hour
Mug Photos	\$5.00

\*Other Request fees are to be determined according to staff time necessary to research, review, redact, copy or compile records: the actual cost of staff time, calculated at the hourly rate of the employee(s) who performs the work.

Requests will be acknowledged within five business days from receipt. Most requests will be fulfilled within 10 business days. A written response will be provided if processing time exceeds 10 business days.

The Clackamas County Sheriff's Office will release any and all records available, upon request, to any member of the public unless the record is exempt by law from disclosure, per ORS 192.345.

There may be "other records" available beyond the normal investigative reports. These "other records" are for sheriff's Office administrative purposes and do not necessarily contain information contained in investigative reports. Clerical management and records staff generate these records. These records will be made available to you upon written request, however, these records require special processing and you will be charged for the time it takes to reproduce and copy these documents.

If you have any questions regarding this policy, please contact the Clackamas County Sheriff's Office Records Unit at 503-785-5200 or [ccsorecords@clackamas.us](mailto:ccsorecords@clackamas.us).

*"Working Together to Make a Difference"*

2223 Kaen Road, Oregon City, OR 97045 • Tel 503-785-5000 • Fax 503-785-5190 • [www.clackamas.us/sheriff](http://www.clackamas.us/sheriff)



**CLACKAMAS COUNTY SHERIFF'S OFFICE**  
**PUBLIC RECORDS REQUEST**

DATE RECEIVED: \_\_\_\_\_  
 DATE ACKNOWLEDGED: \_\_\_\_\_  
 DATE PROCESSED: \_\_\_\_\_  
 PROCESSED BY: \_\_\_\_\_

**REQUESTOR INFORMATION**

Name:		Date of Request:	
Mailing Address:			
City, State, Zip:		Daytime Phone:	
Email Address:		Fax Number:	
Preferred Method of Contact (check one)	Mail <input type="checkbox"/>	Phone <input type="checkbox"/>	Email <input type="checkbox"/>
			Fax <input type="checkbox"/>
Is this request related to a lawsuit in which Clackamas County, or the Sheriff's Office is a party, or has a tort claim notice been filed with the County?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Copies may be furnished without charge or at a substantially reduced fee when the waiver or reduction of fees is determined to be in the public interest because making the record available primarily benefits the general public. Does this request primarily benefit the general public? If Yes, please describe on a separate sheet.			Yes <input type="checkbox"/> No <input type="checkbox"/>

**TYPE OF REQUEST: (Please check one)**

<input type="checkbox"/>	<b>Police Report</b> (\$10.00 for first 30 Pages; 20 cents per additional page)	Case Number: _ Incident Type: _ Location of Incident: _ Involved Persons: _
<input type="checkbox"/>	<b>Name History</b> (\$10.00 per name)	Full Name: _ Date of Birth: _
<input type="checkbox"/>	<b>Address History</b> (\$10.00 per address)	Complete Address: _
<input type="checkbox"/>	<b>Photo Request</b> (\$10.00 per CD)	Case Number: _
<input type="checkbox"/>	<b>Visa/Background Letter</b> (\$5.00 per name)	Full Name: _ Date of Birth: _
<input type="checkbox"/>	<b>Video/Audio Requests</b> (\$25.00 per CD)	Case Number: _
<input type="checkbox"/>	<b>Mug Photos (\$5.00)</b>	Full Name and date of birth:
<input type="checkbox"/>	<b>Other Requests or additional notes regarding request:</b> (Price TBD) _	

\* The Sheriff's Office will acknowledge receiving your written request for records within 5 business days of the receipt of your request.  
 \* If the estimated costs to fulfill your request exceed \$25 the Sheriff'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.  
 \* Full payment of the total amount of costs incurred is required before the public records are inspected or copies are released.

\_\_\_\_\_  
 Signature of Requestor \_\_\_\_\_  
 Date