## Request for Inspection or Copy of Records

*Requests may be submitted in person, by mail, fax or by email*

### Report Information

<table>
<thead>
<tr>
<th>Date/Time Reported:</th>
<th>Date of Request:</th>
<th>Date of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and Time of incident or contact</td>
<td>Date of Request</td>
<td>Date of Report</td>
</tr>
</tbody>
</table>

**Type/Nature of Incident:**

Example: Burglary, Larceny from Auto, Bicycle Theft, etc.

**Location of Incident:**

Building name, address of incident, street or cross streets where incident occurred

**Reported By:**

Name of person(s) who had contact with CPSO

**Date of Birth:**

Date of Birth of contact person

*I am requesting the following record(s) for inspection/copying:____*(detailed information by case number or name/date of birth and date of incident must be provided to allow the public body to search for and identify/retrieve the requested records)

*Above information elements required by ORS 192.440

### Requesting Party Information

**Full Name:**

Last  First  M.I.

**Address:**

Street Address  Apartment #

City  State  ZIP Code

**Telephone No:** ( )  Fax Number: ( )

E-mail Address:

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Received on: __________________________  Received By: __________________________

Approved By: __________________________  Approved On: __________________________  Paid with: __________________________