



# HERMISTON POLICE DEPARTMENT

330 S FIRST STREET • HERMISTON, OR 97838

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

EMAIL records@hermiston.or.us

## 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 - [ahartsteen@hermiston.or.us](mailto:ahartsteen@hermiston.or.us).

<b>** FEES ARE NON REFUNDABLE **</b>		<b>CHOOSE ONE: (Completed by Requester)</b>	
\$0.25	Printed full page black & white photos	<input type="checkbox"/> I will pick-up my report.	<input type="checkbox"/> Mail my report to me. (Sent via regular mail.)
\$1.00	Printed full page color photos	<input type="checkbox"/> Email my report to:	
\$5.00	Copied to CD/DVD/USB		
\$20.00	Police Report		
\$35.00	Minimum charge for copy of audio & video recording, in addition to other fees. ("Lengthy Requests" fee waived for 1 <sup>st</sup> hour of processing.)	<b>ESTIMATED COST: (Completed by Office Personnel)</b>	
\$35.00/hr	*"Lengthy requests", requests over 15 mins to complete, in addition to other fees. *Fees charged at 15 min increments.	Estimated Cost, if over \$25: _____	
		Estimated time to Complete, if billed for staff time: _____	

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