



MATTHEW D. PHILLIPS, SHERIFF

CLATSOP COUNTY SHERIFF'S OFFICE

1190 SE 19TH STREET • WARRENTON OR 97146 • 503-325-8635

PUBLIC RECORDS REQUEST

You can submit your request online by going to: <https://clatsopcountyor.nextrequest.com/>

REQUESTER'S INFORMATION:

Date: _____

Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

I request the following record(s):

Incident Report

Other: _____

Case #: _____ (if known) Type of Incident: _____

Date of Incident: _____ Location of Incident: _____

Name of Person(s) Involved: _____

Please describe the incident, briefly: _____

Please use back of form if you need more space.

Reason for request: _____

Is this request for the purpose of detecting or apprehending persons for the purpose of enforcing federal immigration laws? (check one) **Yes** **No**

Fees: \$15 per releasable report \$20 per CD of digital photos \$250 deposit per body cam video*

You will be notified if additional fees apply and how to make payment. Payment is required before documents are released.

You may email this form to sheriff@clatsopcounty.gov ; fax to (503) 325-8675 or mail to:
CCSO Records, 1190 SE 19th St., Warrenton, OR 97146

Per Oregon law, the Clatsop County Sheriff's Office has five (5) business days to acknowledge your request once received in writing, and ten (10) business days after that to provide the requested records or a written explanation why the record cannot be released or is not available.

The Clatsop 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 under ORS 192.501 -192.505 or federal law. Not all reports are available to be released. If the report you are requesting falls into this category, you will be notified in writing as to why it is cannot be released.

***Oregon law (ORS 192.501(c)) requires faces of all persons within body cam video be unidentifiable. You will be charged the actual cost of the redaction process. If the cost of redaction exceeds \$250, you will be billed for additional costs. If redaction costs less, you will be refunded the difference.**

FOR OFFICE USE ONLY: Date acknowledged: _____ Date Completed: _____ PAID: _____
Request emailed/mailed: _____ Request Picked Up _____ Request Faxed _____ Initials: _____