OFFICE OF THE SHERIFF
ADAM D. SHANKS
225 West Olive Street
Newport, Oregon 97365
Records: (541) 265-4912
Fax: (541) 265-4917
Email: sheriffrecordsrequests@co.lincoln.or.us

RECORDS REQUEST FORM

To receive a copy of any report or record from the Lincoln County Sheriff's Office you must complete this form and pay the required fees. There are numerous exceptions to the public records laws that allow a public body to refuse to disclose public records (see ORS 192.345, 192.355). Public bodies are not required to create public records where none exist.

REQUESTOR'S INFORMATION:

NAME (Print): _____ PHONE: _____

MAILING ADDRESS:_____

EMAIL ADDRESS (Optional):_____

Is this request related to a lawsuit or a tort claim involving Lincoln County? □ Yes □ No

Is this request for detecting or apprehending persons for the purpose of enforcing federal immigration laws? □ Yes □ No

I am requesting the following records(s):

☐ Police Incident Report ☐ Dispatch Report ☐Photos/In-Car Video ☐Records Check ☐ Other

Date/Time of Incident:_____ Case #:_____

Location of Incident:_____ Type of Incident:_____

Name of Subject(s) Involved:_____

Relationship to Case/Subject(s):_____

Please describe the public record(s) you are requesting:_____

_____

_____

_____

_____

Fees are determined per ORS 192.324(4) and are **due at time of request** (exceptions may apply)**.** If the standard research and/or processing time is exceeded, additional fees will be applied. Public record requests will **not** be processed without a pre-paid deposit of the estimated charges. Completed request and payment shall be mailed or hand-delivered to the main Lincoln County Sheriff's Office at the address listed above. Please make checks payable to "LCSO."

SERVICE	FEE SCHEDULE
Local Records Check	$15.00 per name/address
Police Case Report	$15.00 / $25.00 (Archived Reports older than 2002)
Dispatch Log (CAD) Report	$15.00 per report
Photo CD	$20.00
In-Car Video	$20.00 / $30.00 (Archived Video)
Photocopies	$0.25/page

OFFICE USE ONLY

ACKNOWLEDGEMENT OF RECEIPT:

In accordance with ORS 192.324(2), this is to acknowledge our receipt on _____ of your request for the records listed on this Records Request Form.

At this time, we are able to inform you:

☐ The Lincoln County Sheriff's Office is the custodian of the requested record.

☐ The Lincoln County Sheriff's Office is not the custodian of the requested record.

☐ The Lincoln County Sheriff's Office is uncertain whether we are the custodian of the requested record.

RECORDS INTAKE:

Date received: _____ Fees paid: $_____ Date paid: _____ Initials:_____

Received via: ☐ OFFICE ☐ MAIL ☐ FAX ☐ E-MAIL
If request was received at office counter, complete acknowledgement and provide copy to requester.

RESPONSE:

☐ Released Full Report ☐ Released Redacted Report ☐ Photos/Video Provided
☐ No Records Found ☐ Other Records Provided ☐ Request Denied/Not Releasable

☐Mailed/Faxed/Emailed or ☐Pick Up Date _____ Processed By: _____