



# TUALATIN POLICE DEPARTMENT

## POLICE RECORDS REQUEST FORM

- ◆ Please allow up to 15 business days for processing.
- ◆ \$11.00 fee will be due upon release, 1-10 pages (\$.25 fee for each additional page)
- ◆ In the event a case report is not releasable, you will be notified.

**TYPE OF REPORT:**      ACCIDENT                  CRIME                  OTHER

**DATE OF REQUEST:** \_\_\_\_\_ **CASE NUMBER:** \_\_\_\_\_

**LOCATION OF INCIDENT:** \_\_\_\_\_ **DATE & TIME:** \_\_\_\_\_

**NAME(S) OF PERSON(S) INVOLVED:** \_\_\_\_\_ **DATE(S) OF BIRTH:** \_\_\_\_\_

**PURPOSE OF REQUEST** (I certify that I am NOT making this request for the purpose of enforcement of federal immigration laws):

**NAME OF PERSON REQUESTING COPY:** \_\_\_\_\_ **RELATION TO INVOLVED PERSON(S):** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ Must save first, then submit saved form.

ID ONLY	<b>FOR DEPARTMENT USE ONLY</b>	<b>RELEASABLE:</b>
ID AND PAYMENT	<div style="border: 1px solid black; padding: 5px; text-align: center;">REQUEST NUMBER</div>	YES      NO
UPDATE ACCESS	_____	NOTIFIED BY Phone / Email DATE _____