

TER POLICE OFFICER  1984	□ NAME SEARC □ ADDRESS SE  PREPAYMENT RE REQUEST IS COMPLETI NOTE: REQUEST IS CLE FURTHER INFORMATION  REQUESTOR IN ADDRESS: EMAIL ADDRE DAYTIME PHO  → Unlawful use or or	LICE REPORT IN THE CHARCH  QUIRED. ALLOW 1  ED. DENIED REQUEST  DISSED AND FEE FORFE  DN, ADDITIONAL PAY  NAME:  ESS:  DNE:  dissemination of in	FEE: \$ 8.8 FEE: \$ 8.8 5 BUSINESS DAYS WILL BE FUL TIED, IF YOU DOMENT, OR TO P.	O PER ADDRESS  AYS FOR PROCESSING, YOU LY REFUNDED.  O NOT RESPOND WITHIN LICK UP REQUESTED RECO	FEE REGARDLESS OF RESULTS FLAT FEE REGARDLESS OF RESULTS DU WILL BE NOTIFIED WHEN 1 60 DAYS TO REQUESTS FOR DRD(S).
Please complete the f	ollowing info	rmation s	so we c	an better s	serve you:
INCIDENT/CAD/CASE NU	MBER:		-		
LOCATION/ADDRESS:					
DATE RANGE :	Street address,	Street Name(s), In	tersection, e	tc. Be as specific as p	ossible.
DATE RANGE :	Narı	ow the search date	e range as mu	ıch as possible.	
INVOLVED NAMES/AGE:_	Provide full names if poss	ible, birthdates or	ages and any	other specific identify	ying information.
INCIDENT TYPE:		Burglary, Theft, I			
I am requesting informat		Daigiary, more,	o io cui o cui o cui	Turney Lear	
YYYT- 11-1	-C-1-1	La allia			a fourthe
***Is this request for the purpose of enforcing feder					is for the
SIGNATURE:					
How would you like to red  ☐ Other (please specify)	ceive records?	□Encrypted	d email	□U.S. Mail	
Please be advised that most police to, ongoing investigations, inciden					

Please be advised that most police re to, ongoing investigations, incidents

All requests for Keizer police reports are subject to denial based upon exemptions in Public Record Law. Some personally identifying data may be redacted to comply with confidentiality restrictions.

If your request is denied, you may seek review of the denial pursuant to ORS 192.401, 192.411, 192.415,

192.418, 192.422, 192.427, and 192.431 by submitting a petition to the Marion County District Attorney.								
FOR KEIZER POLICE USE ONLY: IN ACCORDANCE WITH ORS 192.324(2), THIS IS TO ACKNOWLEDGE RECEIPT ON								
OF YOUR REQUEST FOR THE RECORDS LISTED ABOVE.								
	DATE ACKNOWLEDGED: REVIEWED DATE:			☐ BY LETTER				
	ON:	_ □ BY PHONE □ IN PERSON	□ VIA EMAIL	☐ BY LETTER				
PAYMENT: REQUESTED: AMC	UNT: \$ RECEIVE	D: □ CASH □ CA	RD □ CHECK 7	#				
COMMENTS:								