



REQUEST FOR:

- COPY OF POLICE REPORT FEE: \$15.00 +28¢ PER PAGE AFTER FIRST 10 PAGES
- NAME SEARCH FEE: \$7.35 PER NAME FLAT FEE REGARDLESS OF RESULTS
- ADDRESS SEARCH FEE: \$7.35 PER ADDRESS FLAT FEE REGARDLESS OF RESULTS

PREPAYMENT REQUIRED. ALLOW 5-10 BUSINESS DAYS FOR PROCESSING. YOU WILL BE NOTIFIED WHEN REQUEST IS COMPLETED. DENIED REQUESTS WILL BE FULLY REFUNDED.
NOTE: REQUEST IS CLOSED AND FEE FORFEITED, IF YOU DO NOT RESPOND WITHIN 60 DAYS TO REQUESTS FOR FURTHER INFORMATION, ADDITIONAL PAYMENT, OR TO PICK UP REQUESTED RECORD(S).

REQUESTOR NAME: _____
ADDRESS: _____
EMAIL ADDRESS: _____
DAYTIME PHONE: _____

→ Unlawful use or dissemination of information pertaining to the record(s) provided by the Keizer Police Department is prohibited and can result in civil or criminal liability.

Please complete the following information so we can better serve you:

INCIDENT/CAD/CASE NUMBER: _____

LOCATION/ADDRESS : _____
Street address, Street Name(s), Intersection, etc. Be as specific as possible.

DATE RANGE : _____
Narrow the search date range as much as possible.

INVOLVED NAMES/AGE: _____
Provide full names if possible, birthdates or ages and any other specific identifying information.

INCIDENT TYPE: _____
Burglary, Theft, Disturbance, Traffic, Etc.

I am requesting information because:

Is this request for the purpose of detecting or apprehending persons for the purpose of enforcing federal immigration law? YES NO

SIGNATURE: _____ **DATE:** _____

How would you like to receive records? Encrypted email U.S. Mail Call for pick-up
 Other (please specify) _____

Please be advised that most police records are public records, however there are exceptions, including, but not limited to, ongoing investigations, incidents resulting in arrest which are pending court action, and Juvenile records.

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.

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| FOR KEIZER POLICE USE ONLY: <input type="checkbox"/> IN ACCORDANCE WITH ORS 192.324(2), THIS IS TO ACKNOWLEDGE RECEIPT ON _____ OF YOUR REQUEST FOR THE RECORDS LISTED ABOVE. | |
| PAYMENT: RECEIVED DATE: _____ AMOUNT: \$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT/DEBIT <input type="checkbox"/> CHECK # _____ PAYMENT REQUESTED: _____ | |
| ----- | |
| REQUEST: RECEIVED BY: _____ DATE ACKNOWLEDGED: _____ <input type="checkbox"/> IN PERSON <input type="checkbox"/> VIA EMAIL <input type="checkbox"/> BY LETTER REVIEWED BY: _____ REVIEWED DATE: _____ <input type="checkbox"/> REQUEST APPROVED <input type="checkbox"/> REQUEST DENIED REASON FOR DENIAL: _____ REQUESTOR NOTIFIED ON: _____ BY: _____ <input type="checkbox"/> BY PHONE <input type="checkbox"/> IN PERSON <input type="checkbox"/> VIA EMAIL <input type="checkbox"/> BY LETTER | |
| COMMENTS: _____ _____ _____ | |