Union County Sheriff's Office

1109 K Avenue La Grande, OR 97850

Email: UCSO Records@union-county.org

Phone: (541)963-1017 Fax: (541)963-1023



Public Records Request

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Malling Address:			
Email Address:			
I am requesting the following record(s):		Booking Photo	Jail Records
		Report	Photograph CD
Date/Time of Incident:		Case #:	
Type/Nature of Incident:		Location of In	cident:
Name of Subject Involved:		Subject's	Date of Birth:
Relationship to Subject:		Is this record needed	l for court? Yes No
		If yes, date needed b	y:
s this request related to a law named? Yes	suit or tort claim ir No	n which Union County or t	he Union County Sheriff's Office i
Report will be: Picke	ed up Maileo	l E-mailed	
Please identify the public r	ecord(s) you are	e requesting, as specific	cally as possible:

$* For \ official \ use \ only *$

Quantity	Service	Fee Schedule	Estimate
			(Office Use Only)
	Report Search, Production	\$35 per hour (under 15 minutes no	
	And Redaction	charge-over 15 minutes = $1/2$ hour	
		minimum) plus cost of materials	
	Case Reports	\$10.00 for first 5 pages	\$
=	-	25¢ per page thereafter	
	Booking Photos	\$5.00	\$
-	Photograph CD	\$25.00	\$
-	Jail Records	\$10.00 (\$15 if 11 pages or more)	\$
-	TOTAL OF EST	TIMATED CHARGES: \$	
☐ Payment Wa <u>iv</u> e	d by		: ·
Date Payment	Requested: Amount: \$	Deposit? ☐ Yes ☐ No Required Hourly Ra	te
☐ Date Payment R	received: Amount: \$	Payment Method: Receipt #:	<u>. </u>
Request Den <u>i</u> ed	/Not Releasable/Out of Retention No Re	ecords Found Released Full Report Released R	tedacted Report
Photos/Video P	rovided	Pick Up Date: Processed By:	