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

Requestor's Information:	
Name:	Phone #:
Mailing Address:	
Email Address:	
I am requesting the following record(s):	Report Photograph CD
	Jail Records
Date/Time of Incident:	Case #:
Type/Nature of Incident:	Location of Incident:
Name of Subject Involved:	Subject's Date of Birth:
Relationship to Subject:	_ Is this record needed for court? Yes No
	If yes, date needed by:
-	n which Union County or the Union County Sheriff's Office is
named? Yes No Report will be: Picked up Maile	d E-mailed

I understand that my request may be denied under the Oregon Public Records Law. I certify that the information contained in this request is true and accurate.

Requestor's Signature

For official use only

Quantity	antity Service Fee Schedule		Estimate		
				(Office Use Only)	
	Report Search, Production	 \$35 per hour (under 15 minutes no charge-over 15 minutes = 1/2 hour minimum) plus cost of materials \$10.00 for first 5 pages 			
	And Redaction				
	Case Reports			\$	
		25¢ per page therea	fter		
	Photograph CD	\$25.00		\$	
	Jail Records	\$10.00 (\$15 if 11 pages or more)		\$	
TOTAL OF ESTI		IMATED CHARGES:		\$	
	:			:	
Payment Waive	: ed by	:		: .	
] Payment Waived by Date Payment Requested: Amount: \$ Deposit? □ Yes No Required Hourly Rate					
Date Payment Received: Amount: \$ Payment Method: Receipt #:					
Request Denied/Not Releasable/Out of Retention 🛛 No Records Found 🖓 Released Full Report 🔅 Released Redacted Report					
Photos/Video Provided Dimensional Mailed/Faxed/Emailed or Pick Up Date: Processed By:					