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 Ir	ncident:
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	oy:
s this request related to a lawsuit or tort claim named? Yes No	ı in which Union County or t	he Union County Sheriff's Office is
Report will be: Picked up Mail	led E-mailed	
Please identify the public record(s) you a	are requesting, as specific	rally as nossible:

For official use only

Quantity	Service	Fee Schedule		Estimate		
				(Office Use Only)		
	Report Search, Production	\$35 per hour (under 15 minutes no charge-over 15 minutes = 1/2 hour				
	And Redaction					
		minimum) plus cost	of materials			
	Case Reports	\$10.00 for first 5 pages 25¢ per page thereafter		\$		
	<u>-</u>			:		
	Photograph CD	\$25.00		\$		
	Jail Records	\$10.00 (\$15 if 11 pages or more)		\$		
TOTAL OF EST		MATED CHARGES:		\$		
:	:	:				
: □ Daymont Waiye	: ed by	:				
-	•					
Date Payment Requested: Amount: \$ Deposit? Page 18 Payment Required Hourly Rate						
Date Payment Received: Amount: \$ Payment Method: Receipt #:						
Request Denied/Not Releasable/Out of Retention \Box No Records Found \Box Released Full Report \Box Released Redacted Report						
☐ Photos/Video Provided ☐ Mailed/Faxed/Emailed or . Pick Up Date: Processed By:						