CROOK COUNTY SHERIFF'S OFFICE
SHERIFF JOHN GAUTNEY

Oregon Public Records Law grants each person the right to inspect the records of a public body, unless exempt from disclosure. The Crook County Sheriff's Office releases public records in accordance with our records policy and this law. For more information on the Oregon Public Records Law, please refer to www.leg.state.or.us/ors/192.html.

Today's Date: _____ **Name:** _____

Phone: _____ **Email:** _____

Address: _____

Requested Delivery Method: ☐ **Email**   ☐ **Mail to above address**   ☐ **Pick-up**

You will be notified if your request is subject to a fee. Records will not be provided until **fee is paid in full.**

Type of Request
- ☐ Case/ Incident Report
- ☐ Adult Jail Request
- ☐ Media Outlet
- ☐ Other

Public Record Fee's
Criminal Report Fee: $10.00 per report up to 10 pages
Research Fee: $25.00 per hour
Electronic Media Fee: $10.00 per USB/ Disk
Administrative Redactions Fee: $65.00 per hour

DESCRIPTION OF PUBLIC RECORD(S) REQUESTED
(Please include as much detail as possible, i.e., case #, date, location, type of document)

_____

_____

_____

(Please make checks payable to "CROOK COUNTY SHERIFF'S OFFICE" or "CCSO")

STAFF USE ONLY

_____ County does not possess or is not the custodian of requested records.

_____ Copies of all requested, non-exempt records provided.

_____ County has at least some of the requested records, time and fee estimate provided.

_____ Requestor accepted, records provided. _____ Requestor declined.

_____ County has at least some of the requested records, time and fee estimate will be provided.

_____ Estimate provided. _____ Requestor accepted, records provided. _____ Requestor declined.

_____ Unknown whether County has any requested records, search required, response to follow.

_____ Response provided. _____ Records provided. _____ Requestor declined.

_____ Acknowledgement of record prohibited or restricted under State or Federal Law: (see attached Records Release Exemption Letter)

Request Completion Date: _____ Staff Name: _____

Staff Time: _____ Fee Amount: _____