



JOSEPHINE COUNTY SHERIFF'S OFFICE

SHERIFF DAVE DANIEL

1901 NE F Street
Grants Pass, OR 97526
(541) 474-5123

RECORDS REQUEST FORM

PAYMENT WILL BE DUE AT TIME OF PICKUP

REQUESTOR INFORMATION:

Name (please print)

Phone

Address

City

State

Zip Code

I agree not to use, share, or disseminate any information pertaining to the record other than for lawful purposes. I understand that there will be a fee for the copies and some personal data and information from DMV or state and national database information will be excluded from the report.

Signature of Requestor: _____ Date _____

INCIDENT INFORMATION:

Report type: _____ Report Number: _____

Location: _____ Date/Time: _____

Person(s) Involved: _____

If the report is not complete and you are ok receiving a copy of the redacted computer notes in place of the report please check the box:

For Sheriff's Office Use Only

Date Received: _____ Request Approved _____ Request Denied _____

Date Completed: _____ Payment Received: _____ Amt _____

Comments _____

Fee Schedule for Copies:

CAD Incidents: \$10.00

Police Reports: \$10.00 up to 20 pages and \$.25 per additional page

Archive Reports: \$15.00 up to 20 pages and \$.25 per additional page

Traffic Citations: \$5.00