

ORS 192.420 grants each person the right to inspect the records of a public body (unless exempt from disclosure). The Sheriff's staff will contact you within five (5) business days of receiving this request.

Date:	Daytime Phone:	
Contact Name:	Alternate Phone:	
Address:		
Email Address:	Form of Response: Email Mail to address at	oove
This form must be submitted to:	Ana Young, Records 675 NW Cherry Lane Madras, OR 97741	
	jcso.admin@jcso.law Phone: 541-475-6520 Fax: 541-475-3847	

Description of records requested (please be as specific as possible, attach additional pages if necessary. Include dates and/or date ranges information being requested):

Fees:

Reports / CFS.....\$10.00 / first 5 pages. & \$1.00/ each page thereafter Research Fee...\$40.00/hour/1/2 hour minimum Photo/Audio CD....\$30.00 per CD

Response:

STAFF USE ONLY

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- ____ Sheriff does not possess or is not the custodian of requested records.
- ____ Copies of all requested, non-exempt records are provided.
- ____ Sheriff has at least some of the requested records, time and fee estimate provided.
- ____ Requestor accepted, records provided.

Requestor declined.		
Sheriff has at least some provided.	e of the requested records, time and fee estimate will be	
Estimate provided.	Requestor accepted, records provided Requestor declin	ed.
Unknown whether Sheriff	has any requested records, search required, response to foll	low.
Response provided.	Records provided Requestor declined.	
Acknowledgement of reco	ord prohibited or restricted under State or Federal	
Law:		
Ву:	Comments:	
Time spent:		
Number of copies:		
Fees paid:		