

CITY OF ASTORIA | POLICE DEPARTMENT
Public Record Request Form

TRACKING

Records Division | 555 30th Street | Astoria, Oregon 97103
Hours: Monday – Friday, 9:00 AM – 4:00 PM; Excluding Holidays
Phone: 503-338-6433 | Fax: 503-325-4897
Email: records@astoriapolice.org

Received _____
Acknowledged _____
Paid _____
Complete _____

NOTICE

Per ORS [192.340](#), State law exempts certain records from disclosure; when an exemption applies, the exemption does not permit us to release all or a part of your requested record. We are **not** able to expedite nor complete same-day record requests. Payment must be received prior to a record request being fulfilled; the City of Astoria [Fee Schedule](#) is available on our website or in our office. Per ORS [192.415](#), any person denied the right to inspect or receive a copy of any public record of Astoria Police Department may file suit with Clatsop County Circuit Court. The [District Attorney for Clatsop County](#) will review the public record to determine if it remains exempt from disclosure or if Astoria Police Department shall be compelled to disclose the record.

INSTRUCTIONS & WHAT TO EXPECT

You may submit a Public Records Request using this paper form returned in person, via fax or mail using the contact information at the top of this form; or by completing our online form: astoria.or.us/recordrequest.aspx.

Public records requests are processed in the order they are received; no option is available to rush record requests. Per ORS [192.324](#)(2), within five business days after your public records request, Astoria Police Department is required to acknowledge receipt of the request.

If additional information is needed to complete your request, we will reach out to you to request additional information or clarification and your request will be suspended until you provide the requested information or affirmatively decline to provide that information. Per ORS [192.329](#)(b), if you fail to respond within 60 days to a good faith request for information or clarification, the request shall be closed.

Per ORS [192.340](#), State law exempts certain records from disclosure. When an exemption does apply, the exemption does not permit us to release all or a part of your requested record. We will inform you whether exemptions apply to some or all of your request; if exemptions apply, we will reference the specific ORS related to that exemption.

If a record is available for release, we will contact you with the amount of the fee due and options to remit your payment; at this time, credit card payments may only be made over the phone. Please note that requests requiring more than one hour of staff time may involve an hourly fee to complete the request. The total fee must be received prior to a record request being fulfilled; the City of Astoria [Fee Schedule](#) G (Police Department) is available at astoria.municipalcodeonline.com. Per ORS [192.329](#)(3)(b), if you fail to pay the fee within 60 days of the date on which we informed you of the fee, or fail to pay the fee within 60 days of the date on we inform you of the denial of the fee waiver, the request shall be closed.

Per ORS [192.314](#)(2)(a), if a person who is a party to a civil judicial proceeding to which a public body is a party, or who has filed a notice under ORS 30.275 (Notice of claim) (5)(a), asks to inspect or to receive a copy of a public record that the person knows relates to the proceeding or notice, the person must submit the request in writing to the custodian and, at the same time, to City Attorney for the City of Astoria.

Public Record Request Form

REQUESTER DETAILS

Requester Name			
Requester Company			
Requester Phone		Requester Fax	
Requester Email			
Requester Mailing Address			

REQUESTED RESPONSE

I request a copy of the record (*select delivery option below*) OR I request to review the record

Record Copy Delivery Preference <i>Select One</i>	<input type="checkbox"/> Email, <input type="checkbox"/> As Above, <input type="checkbox"/> Other:	
	<input type="checkbox"/> Mail, <input type="checkbox"/> As Above, <input type="checkbox"/> Other:	
	<input type="checkbox"/> Fax, <input type="checkbox"/> As Above, <input type="checkbox"/> Other:	

REQUIRED DISCLOSURES

Is this request related to a lawsuit, litigation or a civil judicial proceeding involving the City of Astoria? Please note exemption 192.345(1) and notice requirement in 192.314(2).

Yes No

Are you self-representing in legal proceedings related to this incident? See memo from Deputy Chief Halverson dated 11/21/2018.

Yes No

REQUEST DETAILS

Below, include as many available details regarding any involved person(s) and their date(s) of birth, location(s) or address(es), date(s), incident or report number(s). If additional pages are needed, attach a separate sheet or sheets.