SALEM POLICE DEPARTMENT

Public Records Request Form

555 LIBERTY ST SE, RM 130 | SALEM, OR 97301 | 503-588-6144 EXT. 9 | FAX: 503-588-6329

REQUESTOR INFORMATION:

*Salem Police Department requires a **minimum of 72 hours** to process your request.*

REQUEST SUBMITTED BY: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

AGENCY OR BUSINESS (IF APPLICABLE): _____

TYPE OF REQUEST:

☐ INCIDENT REPORT - *(PRICES WILL VARY, $10 REQUIRED DEPOSIT, SEE FEE SCHEDULE ON PAGE 2 FOR PRICING.)*

☐ NAME SCAN - *($15 PER NAME, SHOWS SPD CONTACTS FOR A SINGLE NAME, PRE-PAYMENT REQUIRED.)*

☐ ADDRESS SCAN - *($15 PER ADDRESS, SHOWS SPD CONTACTS AT LISTED LOCATION, PRE-PAYMENT REQUIRED.)*

☐ PHOTOGRAPHS - *($20 PER CD FOR ELECTRONIC COPIES, $1 PER PAGE IF PRINTED.)*

☐ VIDEO - *($10 BASE COST + STAFF TIME, SEE FEE SCHEDULE ON PAGE 2 FOR SPECIFICS.)*

☐ OTHER/COMMENTS: _____

REQUEST SPECIFICS:

INCIDENT REPORT REQUESTS

INCIDENT NUMBER(S): _____

_____

DATE/TIME: _____

LOCATION: _____

PEOPLE INVOLVED: _____

_____

OTHER: _____

PHOTO REQUESTS

INCIDENT NUMBER(S): _____

PRODUCTION CHOICE: ☐ CD ☐ PRINTED

VIDEO REQUESTS

INCIDENT NUMBER: _____

NAME SCAN

NAME: _____

DOB: _____

ADDRESS SCAN

ADDRESS: _____

ACKNOWLEDGMENT & AUTHORIZATION STATEMENT:

I understand that there will be a fee for copies of the records requested unless I am the victim of a crime. I agree to pay a $10.00 non-refundable search fee for an incident report at the time of my request. I understand there may be additional fees depending on the volume of the records, etc. If costs exceed the base fees with page counts listed on the fee schedule, I will be called with an estimate of additional costs. In addition, I understand that some information may not be disclosed pursuant to Oregon's public records law. By signing below, I certify that I have read and agree to the terms and conditions set forth above.

Signature of Requestor: _____ Date: _____

CITY OF SALEM

FEE SCHEDULE - PUBLIC RECORDS REQUESTS - (EFFECTIVE JANUARY 1, 2016)

POLICE INCIDENT REPORTS

1-24 PAGES

$20.00 per report (Includes any staff research and retrieval time of up to 30 minutes, additional staff time*).
$10.00 non-refundable search fee - included in $20.00 fee.
No charge for victim for first copy.

25 – 49 PAGES

$30.00 per report (Includes any staff research and retrieval time of up to 30 minutes, additional staff time*).
$10.00 non-refundable search fee – included in $30.00 fee.
No charge for victim for first copy.

50 + PAGES

$50.00 per report (Includes any staff research and retrieval time of up to 30 minutes, additional staff time*).
$10.00 non-refundable search fee – included in $50.00 fee.
No charge to victim for first copy.

NAME OR ADDRESS SEARCH - $15.00 per search.

TOW ADMINISTRATIVE FEE - $150.00

PHOTOGRAPHS - $20.00 per CD/other media device. $1.00 per page – printed on one side only.

VIDEOS - $10.00 plus staff time* for research, retrieval, review for possible exemptions and redactions.

VISA LETTERS - $22.00

RECORD CHECK LETTER $15.00 per letter. $20 per letter with notarization.

911 AUDIO TAPES

Where specific date and address OR case number is given $30.00 (includes any staff research and retrieval time of up to 30 minutes.) Additional staff time* to be charged if over the research is over 30 minutes.

Where the specific date and address or case number is not given, charged at staff time* plus cost of CD/other media device.

ALL OTHER - Staff time*

*** STAFF TIME:** Charge based on salary and fringe benefits of employee charged with task, converted to an hourly rate. Time is charged in 15-minute increments with a 15-minute minimum.

FOR DEPARTMENT USE ONLY		
ACCEPTED BY: _____ DATE: _____	AMOUNT DUE: _____	[ ] REQUEST APPROVED
DEPOSIT TAKEN: [ ] Y [ ] N	REPORT SIZE: _____ PAGES.	[ ] REQUEST DENIED
BALANCE PAID DATE: _____	PROCESSED BY: _____ DATE: _____	DENIAL LETTER BY: _____
ACTIVITY LOG ENTRY BY: _____	SUPERVISOR: _____ DATE: _____	[ ] NO RECORD FOUND

Comments: _____

_____