

**Public Records Request Form**

Eugene Police Department - Records  
 300 Country Club Road Eugene, Oregon 97401  
 (541) 682-5131 Records (541) 682-6804 Fax



Date of Request:	Case / Incident Number:
Type of Request: <input type="checkbox"/> Police Report <input type="checkbox"/> Photographs <input type="checkbox"/> Other	
Location of Incident:	Date/Time of Incident:
Name(s) of Person(s) Involved:	
Requested By:	Telephone Number:
Mailing Address:	

**Response to Public Records Request - Records Use Only**

The City of Eugene acknowledges receipt of your Public Records Request and responds as follows:

Date / Badge#	<input type="checkbox"/> 1. Copies of the requested records are provided. \$_____ payable in full at the time the copies are provided.
Date / Badge#	<input type="checkbox"/> 2. The records request is a Level 2 request (as defined by Admin Order No. 21-18-01). The City will search for the record(s) and will provide copies of the record(s) for which the City does not claim an exemption from disclosure. We estimate that the fee for making the records available is \$_____, which you must pay as a condition of receiving the records.
Date / Badge#	<input type="checkbox"/> 3. The records request is a Level 1 request (as defined by Admin Order No. 21-18-01). The City will search for the record(s) and will provide copies of the record(s) for which the City does not claim an exemption from disclosure.
Date / Badge#	<input type="checkbox"/> 4. The requested records are provided. Portions of the requested records are exempt from disclosure. The exempt material has been redacted or the exempt document is not provided in accordance with: <input type="checkbox"/> ORS 192.345(3) (Criminal Investig.) <input type="checkbox"/> ORS 192.355(2) (Personal Privacy) <input type="checkbox"/> ORS 192.355(9) (State Law) <input type="checkbox"/> ORS 419B.035 (Child Abuse Law) <input type="checkbox"/> ORS 192.355(8) (Federal Law) <input type="checkbox"/> ORS 181A.830(2) (LE/OR Law) <input type="checkbox"/> ORS 192.355(b) (Deceased) <input type="checkbox"/> HIPAA Privacy Rule <input type="checkbox"/> ORS 802.177 & 802.181 (DMV) <input type="checkbox"/> ORS 802.195 (SSN) <input type="checkbox"/> Other:
Date / Badge#	<input type="checkbox"/> 5. The requested records are exempt from disclosure and are not provided in accordance with: <input type="checkbox"/> ORS 192.345(3) (Criminal Investig.) <input type="checkbox"/> ORS 192.355(2) (Personal Privacy) <input type="checkbox"/> ORS 192.355(9) (State Law) <input type="checkbox"/> ORS 419B.035 (Child Abuse Law) <input type="checkbox"/> ORS 192.355(8) (Federal Law) <input type="checkbox"/> ORS 192.355(b) (Deceased) <input type="checkbox"/> HIPAA Privacy Rule <input type="checkbox"/> ORS 802.177 & 802.181 (DMV) <input type="checkbox"/> ORS 802.195 (SSN) <input type="checkbox"/> Other:
Date / Badge#	<input type="checkbox"/> 6. The City needs additional information/clarification regarding the requested record(s) before the City can respond to the request. Please provide more detailed information about the requested record(s) and/or incident.
Date / Badge#	<input type="checkbox"/> 7. The City does not possess or is not the custodian of the requested public records.

Record Released By:	on	Total Cost:
Released Module/Page(s):		
Notified on / Badge#	Did not pick up within 60 days / Badge#	Did not want information available / Badge #

If an exemption has been asserted you may seek review of that decision pursuant to ORS 192.415