



LAKE COUNTY SHERIFF'S OFFICE

Lake County Sheriff's Office
Lake County Courthouse
513 Center Street
Lakeview, OR 97630
(541) 947-6027

Michael Taylor, Sheriff

ALLOW A MINIMUM OF FIVE (5) WORKING DAYS TO PROCESS ALL REQUESTS

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reason for Request: _____

I agree not to use, share or disseminate any information pertaining to the record other than for lawful purpose. I understand that I am responsible for payment of all processing fees prior to delivery of the requested document(s). Processing fees include \$25.00 for the first 5 pages, and \$1.00 per page thereafter, unless the record is deemed not releasable. \$20.00 for CD's containing photographs which will be released at the Sheriff's discretion. All other items follow fee schedule.

Signature of Requesting Person: _____ Date: _____

****Note: Under Oregon Public Records Law, CASES STILL UNDER INVESTIGATION OR WITH A CRIMINAL ARREST PENDING A COURT HEARING are NOT releasable through the Lake County Sheriff's Office. Pursuant to Juvenile Code 419B.035, Cases involving alleged child abuse may not be releasable and all requests will be reviewed by a Supervisor.****

Case Information:

Nature of Incident: _____ Report/Case Number: _____

Date/Time of Incident: _____

Incident Location: _____

Involved Persons: _____

Lake County USE ONLY (comments & conditions)

Approved: Called Requester Left Message Advised Cost of \$

Denied: Called Requester Left Message

Pending: _____

Date Picked Up: _____