



SHERIFF

C R O O K C O U N T Y

"PEOPLE SERVING PEOPLE"

Sheriff John Gautney

Oregon Public Records Law grants each person the right to inspect the records of a public body, unless exempt from disclosure. Sheriff's office staff will contact you within 5 business days of receiving this request.

Date: _____ Daytime Phone: _____

Contact Name: _____ Alternate Phone: _____

Address: _____

Email Address: _____ Form of Response: _____ Email _____ Mail to address above

DESCRIPTION AND TIMEFRAME OF PUBLIC RECORDS REQUESTED:

(include as much detail as possible, i.e., case number, date, location, type of document, etc)

Fees for responding to public records requests are calculated in the following manner:

Criminal Report fee	\$10.00 per case for up to 50 pages + \$0.25 per page thereafter	Returned/NSF checks	\$25.00
Faxes	\$2.50 for up to 10 pages	Black/White copies	\$.25 per page
Electronic media	\$10.00 per disk	Color Copies	\$.75 per page
Records Research	\$25.00 per hour		

- Actual cost will be charged for delivery of records such as postage and courier fees.
- If processing fees are estimated to exceed \$25.00, prepayment will be required before taking further action on a request.
- Cash or check only. Please make checks payable to "Crook County Sheriff's Office" or "CCSO".

STAFF USE ONLY

- ____ County does not possess or is not the custodian of requested records.
- ____ Copies of all requested, non-exempt records provided.
- ____ County has at least some of the requested records, time and fee estimate provided.
 - ____ Requestor accepted, records provided. ____ Requestor declined.
- ____ County has at least some of the requested records, time and fee estimate will be provided.
 - ____ Estimate provided. ____ Requestor accepted, records provided. ____ Requestor declined.
- ____ Unknown whether County has any requested records, search required, response to follow.
 - ____ Response provided. ____ Records provided. ____ Requestor declined.
- ____ Acknowledgement of record prohibited or restricted under State or Federal Law.(see attached Records Release Exemption Letter)

By: _____ Date Completed: _____

Time spent: _____ Delivery Method: _____

Number of copies: _____ Comments: _____

Fees paid: _____