

Baker County Sheriff's Office

3410 K Street
Baker City, OR 97814

Phone (541)-523-6415
Fax (541)-523-9219



Public Records Request

Requestor's Information:

Name: _____ Phone #: _____

Mailing Address: _____

Email Address: _____

I am requesting the following record(s): Records Check Booking Photo Jail Records
 Call Logs Report Contact Overview Photograph CD 911 Audio

Please state reason for the request, as specifically as possible:

Date/Time of Incident: _____ Case #: _____

Type/Nature of Incident: _____ Location of Incident: _____

Name of Subject Involved: _____ Subject's Date of Birth: _____

Relationship to Subject: _____ Is this record needed for court? Yes No

If yes, date needed by: _____

Report will be: Picked up Mailed E-mailed

Is this request for the purpose of detecting or apprehending persons for the purpose of enforcing federal immigration laws? Yes No

I understand that my request may be denied under the Oregon Public Records Law. I certify that the information contained in this request is true and accurate.

Requestor's Signature

Date

*For official use only

Quantity	Service	Fee Schedule	Estimate (Office Use Only)
	Report	\$17.00 each (\$22 if 5 pages or more)	\$
	Booking Photos	\$5.00	\$
	Photograph CD	\$25.00 Charges may vary	\$
	Call Logs	\$10.00	\$
	911 Audio	\$25.00	\$
	Contact Overview	\$10.00	\$
	Records Check	\$10.00	\$
	Jail Records	\$10.00 (\$15 if 10 pages or more)	
TOTAL OF ESTIMATED CHARGES:		\$0.00	

Approved: _____

Fee paid: _____

Date copy released: _____

Records Signature: _____