Union County Sheriff's Office

1109 K Avenue La Grande, OR 97850 Email: UCSO Records@union-county.org Phone: (541)963-1017 Fax: (541)963-1023



Public Records Request Please Print Clearly!

Requestor's Information:			
Name:	e: Phone #:		
Mailing Address:			
I am requesting the following record(s):	Booking Photo Report	Jail Records Photograph CD	
Date/Time of Incident:			
Type/Nature of Incident:	Location of Incident:		
Name of Subject Involved:	Subject's Date of	Birth:	
Requestor Relationship to Subject:			
Is this record needed for court? Yes	No If yes, date ne	eded by:	
Is this request related to a lawsuit or tort claim in named? Yes No	Ŭ	a County Sheriff's Office is	
Report will be: Picked up M	ailed E-mailed	-	
Please identify the public record(s) you are	e requesting, as specifically as	possible:	

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

For official use only

Quantity	Service	Fee Schedule	Estimate		
	-		(Office Use Only)		
	Report Search, Production	\$35 per hour (under 15 minutes no			
	And Redaction	charge-over 15 minutes = 1/2 hour	-		
		minimum) plus cost of materials			
	Case Reports	\$10.00 for first 5 pages	\$		
	-	25¢ per page thereafter			
	Booking Photos	\$5.00	\$		
: :	Photograph CD	\$25.00	\$		
: :	Jail Records	\$10.00 (\$15 if 11 pages or more)	\$		
: :	TOTAL OF ESTIMATED CHARGES: \$				
Payment Waive	d by		:		
Date Payment Requested: Amount: \$ Deposit? Yes No Required Hourly Rate					
Date Payment Received: Amount: \$ Payment Method: Receipt #:					
Request Denied/Not Releasable/Out of Retention 🛛 No Records Found 🖓 Released Full Report 🔅 Released Redacted Report					
Photos/Video Provided Mailed/Faxed/Emailed or Pick Up Date: Processed By:					