



City of The Dalles
313 Court St
The Dalles, OR 97058
(541)296-5481, Ext 1119

PUBLIC RECORDS REQUEST FORM

If there are fees associated with your request form, you will receive a fee letter with information on how to submit payment:

This form may be submitted:

- * By mail or in person to the City Clerk, City of The Dalles, 313 Court St, The Dalles, OR 97058
- * Emailed to the City Clerk at igrossman@ci.the-dalles.or.us

Questions? Call (541)296-5481, Ext 1119, or email igrossman@ci.the-dalles.or.us

Please select the option that best describes which requester type you represent:

- Private Citizen or Business Attorney Insurance Government Agency
 Law Enforcement Media Other

Requestor Information: please enter your contact information

Name of Requester/Firm/Company:

Telephone Number:

Mailing Address:

Contact Person:

City:

State/Zip:

Contact Person e-mail address:

Purpose for Request: Some records may require a balancing of privacy rights, governmental interests and other confidentiality policies on one hand and the public interest in disclosure on the other. Thus because the identify and motive of the person seeking the disclosure of a particular public record may be relevant in determining whether a record is exempt from disclosure under a conditional exemption, please give a brief statement as to the purpose of your request:

Requested Information/Records: Please give a brief statement describing the requested information/records, being specific enough for the City to determine the nature, content and department within which the record(s) you are requesting may be located. If files are to be previewed before copies are requested, please identify documents you wish to have copied from the files or on the attached Addendum, and sign.



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Incident Information: use this section to request records related to an incident TD Police Department investigated or a citation issued by TDPD.			
Case # or Citation #: (if known)		Officer: (if known)	
Date of Incident:		Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Location of Incident/Street Address:	City:	County:	
Type of Incident/Crime/Description of events:			
Persons Involved (full and complete name known) – list additional known persons in comments section.			
Name:		DOB:	
Name:		DOB:	
Vehicle Information:	Make/Model/Year/Color/Style/etc.	License Plate #:	State:
Comments:			

FOR OFFICE USE ONLY

Date Received _____ Date Completed _____ Date Notified _____

Date Picked Up: _____

Info Compiled by: _____ Total charges: _____
