



# HILLSBORO POLICE DEPARTMENT PUBLIC RECORD REQUEST FORM

Public Record Requests take a *minimum* of twenty-four (24) hours and *may take up to 7-14 days* dependent upon whether or not a record review or record release is required by the Hillsboro Police Department, District Attorney's Office or Juvenile Department. Requests for discovery should be submitted to the respective court. Requests that do not require a review or release are generally releasable within twenty-four (24) hours. Record Requests received after 12:00 (noon) will be processed the following day. Pre-payment of a minimum of ten (10) dollars is required prior to processing the request. If the requestor fails to pick up requested records within seven (7) days of being noticed of records availability, the requestor forfeits any monies previously paid for said request. If said request is denied, refunds will generally be mailed within 10 business days of report/document denial. If said request is denied, requestor is entitled to file an appeal through the Washington County District Attorney's Office.

**Requests for cases involving child abuse will be handled by the Department of Human Services if the case is determined to fall under the child abuse category as defined by ORS 419B.005 (definition on back of form).**

**Under Oregon Public Records law, CASES STILL UNDER INVESTIGATION OR CRIMINAL ARRESTS PENDING COURT HEARINGS ARE NOT RELEASABLE**

**Type of Public Record Requested:**       Police Report                       CD of Photos  
 Photo Prints                                       Other \_\_\_\_\_

Today's Date		Time	
Requestor's Name			Phone Number
Address – Please ensure you provide a complete & current address in the event we need to issue a refund			
City		State	Zip
CASE INFORMATION			
Date & Time of Incident		Case Number(s)	
Type of Incident		Incident Location	
Involved Person(s) <input type="checkbox"/> Self <input type="checkbox"/> Other (Provide Names)			
Relationship of Requestor to Person's Named in Report <input type="checkbox"/> Self <input type="checkbox"/> Other (Describe Relationship)			
Signature of Requestor			Date

*I agree not to use, share or disseminate any information pertaining to the record other than for lawful purposes. I understand that I am responsible for all processing fees once the record is requested, unless the record is deemed not releasable. Upon notification that said copied record is available, the Hillsboro Police Department shall only maintain the copied record for 7 business days. I understand that failure to pick up requested records within seven (7) days of being noticed of records availability will result in forfeiture of any monies previously paid for this request, and that future requests will require an additional pre-payment of a minimum of ten (10) dollars.*

For Records Use Only			
Paid:	Receipt #:	<input type="checkbox"/> Referred to Supervisor for Approval	Date Referred
<input type="checkbox"/> Approved (Date & Initial)	<input type="checkbox"/> Denied (Date & Initial)	Reason for Denial	
Date Requestor Notified of Status	Time Notified	Notified By	
Date Photo Request Sent to P&E		Date Photos Received from P&E	



