



Deschutes County 9-1-1 Service District

Mailing Address: PO Box 6005 Bend OR 97708

Physical Address: 20355 Poe Sholes Drive Suite 300 Bend OR 97703

Phone: (541) 388-0185 FAX: (541) 382-5767

911recordsrequest@deschutes.org

Date of Request

Dispatch Incident Number (if known)

Agency Involved (BPD, RPD, DCSO etc., if known)

Court Date or Date Needed

Nature of Request: Please give specific details in the space provided: Type of incident, date occurred, time occurred, caller's name, caller's phone number and location of the incident.

Deschutes County 9-1-1 Service District maintains a seven month audiotape bank in accordance with Oregon State Archive and the Oregon Administrative Rules.

All Public Records Act requests by non-public safety agencies or individuals must be submitted on this form and must be specific as to what information is being requested. Requests for information will be completed within ten business days of the date of receipt. Payment (see fee schedule below) is required at the time of request. Public Records Act requests are subject to review by the District's legal department. The Deschutes County 9-1-1 Service District is not authorized to release: Confidential, DMV, Juvenile, LEDS (Law Enforcement Data System) and Medical Records information except by court order.

Fee Schedule (choose one)

Printout of dispatch incident - \$25.00 for up to three incidents, \$5.00 for each additional incident.

Research and CD reproduction of radio or telephone communications - \$50.00 per hour, \$12.50 per fifteen minutes thereafter (one hour minimum). Printouts related to an audio CD are included.

Charges for public record copying are imposed to offset research and processing costs. The authorization must be completed and the minimum fee paid at the time the request is submitted. Any additional charges must be paid prior to the release of the information. **Please make check or money order payable to: Deschutes County 9-1-1 Service District. Mailing address: PO Box 6005, Bend OR 97708.** A \$30.00 service fee will be assessed on all returned checks. ID will be required at the time of pick up.

Print Name

Phone Number

E-mail

Business Name (if applicable)

Address

*******For Office Use Only*******

EXACT Cash / Check / Money Order

Received
(amt, date, receipt #)

Completed
Picked up - Mailed
(circle one and date below)