



POLICE DEPARTMENT
555 LIBERTY ST SE / ROOM 130
SALEM, OR 97301-3503
(503)588-6144 RECORDS (503)588-6329 FAX

REQUESTOR INFORMATION:

Name (Please Print) Phone
Address
City State Zip Code
Agency or Business

I agree not to use, share, or disseminate any information pertaining to the record other than for lawful purposes. I understand that there will be a fee for copies, unless I am a victim of a crime. Personal data exclusively from DMV will be excluded from the report.

Signature of Requestor: DATE

REQUEST FOR COPY OF INCIDENT REPORT

Report type: Incident Number:
Location: Date/Time:
Person(s) Involved:

REQUEST FOR RECORDS CHECK OR ADDRESS SEARCH

Name to be checked: DOB
Address to be checked:
Period of time or dates to be checked:

FOR OFFICE USE ONLY

Request Approved Accepted By: Date:
Request Denied Researched By: Date:
By: Date:

Payment received in advance: Yes No Please mail

No record found
Copy of listing provided Amount due:
Will return for copies No charge to victim:

Comments: