

LANE COUNTY SHERIFF'S OFFICE 125 E 8TH AVENUE EUGENE OR 97401 (541) 682-3775

REQUEST FOR POLICE RECORD

Date of Request:		Type of Incident:	
Type of Record Requested:	Records Check Photo CD	Police Report Audio Recording	CAD (Computer Aid Dispatch) RecordStatistical Report
Case Number:		CAD Number:	
Date & Time Occurred:*			
Location:*	(*Required for Police Report or CAD Log)		
Name(s) of Person(s) Involved:	(*Required for Police Report or CAD Log)		
Purpose of Request:			
Your Name:			
Your Address:			
	(Street and/or Mailing Address, City, State, Zip Code)		
Your Phone Number:	Your Email Address:		
Your Signature		Date	
Fee Enclosed Amount	Fee schedule can l	pe found at Police Report an	d Incident Log Requests
FOR SHERIFF'S OFFICE USE OF	NLY: DMV/Personal In	fo Removed	Date
Processed by	Deni	ed Reason	
CAD Record F	Face Page Only	Entire Report	Crash Report Only

Updated: June 2018