



City of Newport Police Department

169 SW Coast Hwy, Newport, Oregon 97365

Phone (541) 574-3348 Fax (541) 574-0643

www.newportpolice.net

PUBLIC RECORDS REQUEST FORM

Name: _____ Date Requested: _____

Address: _____

Telephone: _____ Email: _____

- Is this request related to litigation involving the City of Newport? ☐ YES ☐ NO
If "yes," enter the case number, court docket number, or other identifying information: _____
- I certify that information obtained through this request will not be used for the purpose of enforcement of federal immigration laws. (Please initial) _____
- How would you like to receive your records? ☐ Pick up from NPD ☐ Mail ☐ Email
Please provide a self-addressed stamped envelope to receive records by mail.

Records Being Requested (please be as detailed as possible to expedite your request, including case number):

Police Report - Case #: _____ ☐ Audio
Photo Prints ☐ Video
CD of Photos ☐ Other: _____

Date/Time/Location/Type of Incident: _____

Names Involved: _____ Type of Incident: _____

Reason for Request: _____

- The City will respond to your request as soon as practical and without unreasonable delay.
- All requests for body cam footage will require pre-payment prior to processing (**PLEASE NOTE: ORS 192.345(40) specifies that public records related to Body-Worn Cameras (BWC) are conditionally exempt from disclosure unless the public interest requires disclosure in the particular instance.**)
- If the estimated cost involved in fulfilling your request exceeds \$25, the City will advise you of those costs and require your approval before beginning work.
- All records not picked up within 30 days will be destroyed and a new records request must be submitted.
- If no response is received within 60 days after an estimate for payment, the Public Records Request will be closed.

I have read and agree to comply with the above conditions, and further agree to pay the cost of fulfilling this Public Records Request. These costs may include the cost of searching for the records, reviewing records to redact exempt material, supervising inspection of records, copying records, certifying records, and mailing records. I agree to pay a maximum of \$25 without further approval.

Signature of Requestor: _____ Date: _____

City of Newport Police Department Public Records Request Fees

Copies of Police Investigative Reports: \$15.00 up to 10 pages. \$.50 per additional page.

Copies of CAD Reports: \$10.00 up to 10 pages. \$.50 per additional page.

Address/Name Record Check: \$10.00 up to 10 pages. \$.50 per additional page.

Copy of Video Recordings: Copies of video recordings related to police investigations shall be \$35.00 per copy, plus actual redaction cost (if required).

Copy of Photo CD: \$20.00 per disc.

Copy of Body Cam Footage: Copies of body cam footage shall be \$35.00 plus actual redaction cost (if required). Prepayment is required prior to request being filled.

VISA Renewal Letter of Clearance: Fee waived

Death Investigation: Fee waived for immediate family, does not include photos. See records clerk for additional information.

DMV Traffic Accident Exchange Forms: Fee waived for involved parties

Research Fees: Standard report fees include up to 15 minutes of staff time to retrieve the records and all photocopying/scanning. If your request requires additional staff time, research or attorney review, a research fee of \$45.00 per hour will be in 15-minute increments based on actual time taken to complete your request.

For Staff Use Only:

Procedure Item	Date/Staff Initials	
Request Received		
Add'l Info – Clarification Needed	Sent: Resp Rec'd	
5 Day Acknowledgement		
Fee Estimate Given		
Fee Deposit Received		
Fees Paid in Full		
Delay -Reason:	Notice:	
Report Not Yet Complete (Note placed in file)		
Denied (Circle One)	-Not Custodian of All/Some Records- -Exemption Applies to All/Some Records- -Case Not Adjudicated-	
Completed/Closed		