



# LAKE COUNTY SHERIFF'S OFFICE

Lake County Sheriff's Office  
Lake County Courthouse  
513 Center Street  
Lakeview, OR 97630  
(541) 947-6027

*Michael Taylor*, Sheriff

**ALLOW A MINIMUM OF FIVE (5) WORKING DAYS TO PROCESS ALL REQUESTS**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

I agree not to use, share or disseminate any information pertaining to the record other than for lawful purpose. I understand that I am responsible for payment of all processing fees prior to delivery of the requested document(s). Processing fees include \$25.00 for the first 5 pages, and \$1.00 per page thereafter, unless the record is deemed not releasable. \$20.00 for CD's containing photographs which will be released at the Sheriff's discretion. All other items follow fee schedule.

Signature of Requesting Person: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Note: Under Oregon Public Records Law, CASES STILL UNDER INVESTIGATION OR WITH A CRIMINAL ARREST PENDING A COURT HEARING are NOT releasable through the Lake County Sheriff's Office. Pursuant to Juvenile Code 419B.035, Cases involving alleged child abuse may not be releasable and all requests will be reviewed by a Supervisor.\*\***

**Case Information:**

Nature of Incident: \_\_\_\_\_ Report/Case Number: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Involved Persons: \_\_\_\_\_

**Lake County USE ONLY (comments & conditions)**

**Approved:** Called Requester  Left Message  Advised Cost of \$

**Denied:** Called Requester  Left Message

**Pending:** \_\_\_\_\_

**Date Picked Up:** \_\_\_\_\_