| CONTROL NUMBER: 41200200 Survey Year: 15 A. TYPE OF GOVERNMENT (Check one box only) 1. State 2. County 3. City 4. Township 6. Other (Specify) B. IDENTIFICATION 1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C) LANE COUNTY 2. AddressNumber and Street CITY/TOWN COUNTY STATE/ZIP 125 EAST 8TH AVE EUGENE LANE OR-97401 C. FUNCTION | EXPIRES 12/31/2005 L COMPLETED |
|---|---|
| DO NOT ALTER INFORMATION PRINTED IN THIS BOX CONTROL NUMBER: 41200200 Survey Year: 15 A. TYPE OF GOVERNMENT (Check one box only) A. TYPE OF GOVERNMENT (Check one box only) A. TYPE OF GOVERNMENT (Check one box only) B. IDENTIFICATION 1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C) LANE COUNTY 2. AddressNumber and Street CITY/TOWN COUNTY STATE/ZIP 125 EAST 8TH AVE EUGENE LANE OR-97401 C. FUNCTION | _ COMPLETED |
| CONTROL NUMBER: 41200200 Survey Year: 15 A. TYPE OF GOVERNMENT (Check one box only) 1. State 2. County 3. City 4. Township 6. Other (Specify) B. IDENTIFICATION 1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C) LANE COUNTY 2. AddressNumber and Street CITY/TOWN COUNTY STATE/ZIP 125 EAST 8TH AVE EUGENE LANE OR-97401 C. FUNCTION | FORM TO: |
| 1. State 2. County 3. City 4. Township 6. Other (Specify) B. IDENTIFICATION 1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C) LANE COUNTY 2. AddressNumber and Street CITY/TOWN COUNTY STATE/ZIP 125 EAST 8TH AVE EUGENE LANE OR-97401 C. FUNCTION | 4 Reporting Center PO Box 8127 eston VA 20195 |
| 1. State 2. County 3. City 4. Township 6. Other (Specify) B. IDENTIFICATION 1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C) LANE COUNTY 2. AddressNumber and Street CITY/TOWN COUNTY STATE/ZIP 125 EAST 8TH AVE EUGENE LANE OR-97401 C. FUNCTION | |
| B. IDENTIFICATION 1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C) LANE COUNTY 2. AddressNumber and Street CITY/TOWN COUNTY STATE/ZIP 125 EAST 8TH AVE EUGENE LANE OR-97401 C. FUNCTION | 5. Special District |
| 1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C) LANE COUNTY 2. AddressNumber and Street CITY/TOWN COUNTY STATE/ZIP 125 EAST 8TH AVE EUGENE LANE OR-97401 C. FUNCTION | |
| LANE COUNTY 2. AddressNumber and Street CITY/TOWN COUNTY STATE/ZIP 125 EAST 8TH AVE EUGENE LANE OR-97401 C. FUNCTION | |
| 2. AddressNumber and Street CITY/TOWN COUNTY STATE/ZIP 125 EAST 8TH AVE EUGENE LANE OR-97401 C. FUNCTION | |
| 125 EAST 8TH AVE EUGENE LANE OR-97401 C. FUNCTION | |
| C. FUNCTION | EEOC USE ONLY |
| | В |
| | |
| (Check one box to indicate the function(s) for which this form is being submitted. Data should be reported for all departments and agencies in your government function(s) indicated. If you cannot supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data supply the data for every agency within the function of the supply the data for every agency within the function of the supply the data for every agency within the function of the supply the data for every agency within the function of the supply the data for every agency within the function of the supply the data | |
| 1.Financial Administration. Tax billing and collection, budgeting, purchasing, central accounting and similar financial administration carried on by a treasurer's, auditor's or comptroller's office and 8. HEALTH. Provision of public health services, visiting nurses, food and sanitary inspections, mention rehabilitation service, etc. | - |
| GENERAL CONTROL. Duties usually performed by boards of supervisors or commissioners, central administration offices and agencies, central personnel or planning agencies, all judicial offices and employees (judges, magistrates, bailiffs, etc.) 9. HOUSING. Code enforcement, low rent public ordinance enforcement, housing for elderly, housi control. | |
| 2. STREETS AND HIGHWAYS. Maintenance, repair, construction and administration of streets, alleys, sidewalks, roads, highways and bridges. | |
| 3. PUBLIC WELFARE. Maintenance of homes and other institutions for the needy administration of public assistance. (Hospitals and sanatoriums should be reported as item7.) | |
| 4. POLICE PROTECTION. Duties of a police department sheriff's, constable's, coroner's office, etc., including technical and clerical employees engaged in police activities. | |
| 5. FIRE PROTECTION. Duties of the uniformed fire force and clerical employees. (Report any forest fire protection activities as item 6.) 13. SANITATION AND SEWAGE. Street cleani collection and disposal. Provision, maintenance an and storm sewer systems and sewage disposal pla | and operation of sanitary |
| 6. NATURAL RESOURCES. Agriculture, forestry, forest fire protection, irrigation drainage, flood control, etc., and PARKS AND RECREATION. Provision, maintenance and operation of parks, playgrounds, swimming pools, auditoriums, museums, marinas, zoos, etc. 7. HOSPITALS AND SANATORIUMS. Operation and maintenance of 15. OTHER (Specify on Page Four) | |

institutions for inpatient medical care.

(Lines 75-82)

| FUNCTION TYPE 1 | | | | | | | | | |
|---|------------------------|---|------------------|---------------|------------|--------|--|--|--|
| REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) | | | | | | | | | |
| The NCIC Number for the Lane County District Attorney's Office is 020013A. | | | | | | | | | |
| ***LIST AGENCIES INCLUDED ON THIS FORM*** | | | | | | | | | |
| Lane County: | | | | | | | | | |
| Assessment and Taxation | | | | | | | | | |
| County Administration | | | | | | | | | |
| District Attorney's Office | | | | | | | | | |
| Human Resources | | | | | | | | | |
| Information Services | | | | | | | | | |
| CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.) | | | | | | | | | |
| NAME OF PERSON TO | CONTACT REGARDING THIS | S FORM | | TITLE | | | | | |
| | Aaron Rawlins | | | Sr HR Analyst | | | | | |
| ADDRESS (Number and Street, City, State, Zip Code) | | | TELEPHONE NUMBER | Ext | FAX NUMBER | | | | |
| 125 E 8th Ave, Human Resources, Eugene, OR 97401, 541-682-4108 | | | | | 541-682 | 2-4290 | | | |
| DATE | EMAIL | TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE | | | | V | | | |
| 2015-09-28 marsha.edwards@co.lane.or.us Marsha Edwards | | | | | | | | | |

| FUNCTION TYPE 2 | | | | | | | | | |
|---|-------------------------------------|---|---------------------------|-------|----------|--------|--|--|--|
| REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) | | | | | | | | | |
| NA | | | | | | | | | |
| ***LIST AGENCIES INCLUDED | O ON THIS FORM*** | | | | | | | | |
| Lane County Public Works: | | | | | | | | | |
| Roads & Sign Shop | | | | | | | | | |
| Engineering & Construction | | | | | | | | | |
| Design, Planning, Surveyors | | | | | | | | | |
| Administration | | | | | | | | | |
| CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.) | | | | | | | | | |
| NAME OF PERSON TO | CONTACT REGARDING THIS | FORM | | TITLE | | | | | |
| | Aaron Rawlins | | Sr HR Analyst | | | | | | |
| ADDRESS (Numb | er and Street, City, State, Zip Cod | le) | TELEPHONE NUMBER | Ext | FAX NU | MBER | | | |
| 125 E 8th Ave, Human Resources, Eugene, OR 97401, | | | 541-682-4108 541-682-4290 | | | 2-4290 | | | |
| DATE | EMAIL | TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE | | | ✓ | | | | |
| 2015-09-28 | marsha.edwards@co.lane.or.us | | Marsha Edwards | | | | | | |

| FUNCTION TYPE 4 | | | | | | | | |
|---|--|-----------------|--------------------------|-------------------|-------------------|-----------|--|--|
| REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) | | | | | | | | |
| DRI Number used = OR 0200000 | | | | | | | | |
| ***LIST AGENCIES INCLUDED | ON THIS FORM*** | | | | | | | |
| Lane County Sheriff's Office: | | | | | | | | |
| Police Services, Patrol | | | | | | | | |
| Office of the Sheriff | | | | | | | | |
| Search & Rescue | | | | | | | | |
| Emergency Management | | | | | | | | |
| • | he information given in this report i | | • • | as reported in ac | cordance with acc | ompanying | | |
| instructions. (Willfully false staten | nents on this report are punishable b | y law, US Code, | Title 18, Section 1001.) | | | | | |
| NAME OF PERSON TO | CONTACT REGARDING THIS | S FORM | | TITLE | | | | |
| | | | | | | | | |
| | Aaron Rawlins | | | Sr HR Analyst | | | | |
| ADDRESS (Numb | er and Street, City, State, Zip Coo | de) | TELEPHONE NUMBER | Ext | FAX NUMBER | | | |
| 125 E 8th Ave, Human Resources, Eugene, OR 97401, 541-682-4108 541-682-4290 | | | | | 2 4200 | | | |
| 123 E 8til Ave,Hu | 541-682-4108 | | 341-06. | 2-4290 | | | | |
| DATE | DATE EMAIL TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE | | | | | M | | |
| | | | | | | | | |
| 2015-09-28 | marsha.edwards@co.lane.or.us | | Marsha Edwards | | | | | |
| | | | | | | | | |

| FUNCTION TYPE 6 | | | | | | | | | |
|---|---|---|--------------------------|-------|--------------|-------|--|--|--|
| REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) | | | | | | | | | |
| | | | | | | | | | |
| ***LIST AGENCIES INCLUDED | ON THIS FORM*** | | | | | | | | |
| Lane County Public Works Parks De | epartment | | | | | | | | |
| Lane County Event Center | | | | | | | | | |
| CERTIFICATION. I certify that t | CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying | | | | | | | | |
| instructions. (Willfully false staten | nents on this report are punishable l | by law, US Code, | Title 18, Section 1001.) | | | | | | |
| NAME OF PERSON TO | CONTACT REGARDING THI | S FORM | | TITLE | | | | | |
| | Aaron Rawlins | | Sr HR Analyst | | | | | | |
| ADDRESS (Number and Street, City, State, Zip Code) | | de) | TELEPHONE NUMBER | Ext | FAX NU | JMBER | | | |
| 125 E 8th Ave, Human Resources, Eugene, OR 97401, | | | 541-682-4108 | | 541-682-4290 | | | | |
| DATE | EMAIL | TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE | | | \square | | | | |
| 2015-09-28 | marsha.edwards@co.lane.or.us | | | | | | | | |

(Lines 75-82)

| FUNCTION TYPE 8 | | | | | | | | | | |
|--|--|---|-------------------------------------|-------------------|-------------------|--------------|--|--|--|--|
| REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) | | | | | | | | | | |
| - Company of the control of the cont | | | | | | | | | | |
| | | | | | | | | | | |
| **LIST AGENCIES INCLUDED ON THIS FORM*** | | | | | | | | | | |
| | | | | | | | | | | |
| Lane County Health & Human Servi | Lane County Health & Human Services, all departments except Youth Services (which is included under Corrections data). | | | | | | | | | |
| CERTIFICATION. I certify that the | he information given in this report i | s correct and true | e to the best of my knowledge and y | as reported in ac | cordance with acc | omnanving | | | | |
| · | nents on this report are punishable b | | • | us reported in uc | cordance with acc | ompunymg | | | | |
| | | .,,, | | | | | | | | |
| NAME OF PERSON TO | CONTACT REGARDING THIS | S FORM | | TITLE | | | | | | |
| NAME OF TERSON TO | CONTACT REGARDING THE | 3 I OKW | | IIILL | | | | | | |
| | Aaron Rawlins | | | Sr HR Analyst | | | | | | |
| | Aaron Kawiins | | | SI TIK Allalyst | | | | | | |
| ADDRESS (Numb | er and Street, City, State, Zip Coo | de) | TELEPHONE NUMBER | Ext | FAX NU | JMBER | | | | |
| | | | | | | | | | | |
| 125 E 8th Ave, Human Resources, Eugene, OR 97401, | | | 541-682-4108 | | 541-682-4290 | | | | | |
| DATE | EMAIL | TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE | | | | \checkmark | | | | |
| BITTE | | TITEDIN | | OTTIONE | SIGIVITORE | | | | | |
| 2015-09-28 | marsha.edwards@co.lane.or.us | | Marsha Edwards | | | | | | | |
| 2013-09-20 | marsna.cuwarus@co.iaile.of.us | na.edwards@co.iane.or.us Marsna Edwards | | | | | | | | |

(Lines 75-82)

| | | FUNCTION | TYPE 10 | | | | | |
|---|---------------------------------------|---|-------------------------------------|------------------|--------------------|-----------|--|--|
| REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) | | | | | | | | |
| | | | | | | | | |
| ***LIST AGENCIES INCLUDED | ON THIS FORM*** | | | | | | | |
| EIST MGENCIES INCECEED | ON THIS TORK! | | | | | | | |
| Lane County: | | | | | | | | |
| Community & Economic Developme | ent | | | | | | | |
| Public Works Lane Management, Bu | ilding & Planning | | | | | | | |
| CERTIFICATION. I certify that the | he information given in this report i | is correct and true | e to the best of my knowledge and w | as reported in a | ccordance with acc | ompanying | | |
| = | ents on this report are punishable b | | · | | | | | |
| - | | | | | | | | |
| NAME OF PERSON TO | CONTACT REGARDING THIS | S FORM | | TITLE | | | | |
| TAINE OF TERROTT TO | CONTROL REGIMENTO TIM | | | TTTEE | | | | |
| | Aaron Rawlins | | | Sr HR Analyst | | | | |
| | | | | • | | | | |
| ADDRESS (Number | er and Street, City, State, Zip Coo | de) | TELEPHONE NUMBER | Ext | FAX NU | MBER | | |
| | | | | | | | | |
| 125 E 8th Ave,Hur | man Resources, Eugene, OR 9740 |)1, | 541-682-4108 | | 541-682 | 2-4290 | | |
| DATE | EMAIL | TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE | | | ✓ | | | |
| | | | | | | | | |
| 2015-09-28 | marsha.edwards@co.lane.or.us | | Marsha Edwards | | | | | |

| FUNCTION TYPE 11 | | | | | | | | |
|---|-----------------------|---|--------------------------------|--------------------|-------------------|------------|--|--|
| REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) | | | | | | | | |
| Lane County Jail: ORI Number = OR 020013C | | | | | | | | |
| Division of Youth Services: ORI N | umber = OR 020013G | | | | | | | |
| ***LIST AGENCIES INCLUDED | ON THIS FORM*** | | | | | | | |
| Lane County: | | | | | | | | |
| Parole & Probation | | | | | | | | |
| Lane County Jail (Sheriff's Office) | | | | | | | | |
| Health & Human Services Youth Ser | vices | | | | | | | |
| CERTIFICATION. I certify that the instructions. (Willfully false statem | • | | | vas reported in ac | cordance with acc | companying | | |
| NAME OF PERSON TO | CONTACT REGARDING THI | S FORM | TITLE | | | | | |
| | Aaron Rawlins | | Sr HR Analyst | | | | | |
| ADDRESS (Number and Street, City, State, Zip Code) | | | TELEPHONE NUMBER Ext FAX NUMBI | | JMBER | | | |
| 125 E 8th Ave, Human Resources, Eugene, OR 97401, | | | 541-682-4108 | | 541-68 | 2-4290 | | |
| DATE | EMAIL | TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE | | | | Z | | |

Marsha Edwards

marsha.edwards@co.lane.or.us

| FUNCTION TYPE 13 | | | | | | | | | |
|---|------------------------------|----------------|------------------------|----------|-----------|-----------|--|--|--|
| REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) | | | | | | | | | |
| | | | | | | | | | |
| ***LIST AGENCIES INCLUDED | ON THIS FORM*** | | | | | | | | |
| Lane County Public Works: | | | | | | | | | |
| Waste Management | | | | | | | | | |
| Subsurface Sanitation | | | | | | | | | |
| CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.) NAME OF PERSON TO CONTACT REGARDING THIS FORM TITLE | | | | | | | | | |
| 111112 01 1210011 10 | Aaron Rawlins | , | Sr HR Analyst | | | | | | |
| ADDRESS (Number and Street, City, State, Zip Code) | | | TELEPHONE NUMBER | Ext | FAX NU | MBER | | | |
| 125 E 8th Ave, Human Resources, Eugene, OR 97401, | | | 541-682-4108 | | 541-682 | 2-4290 | | | |
| DATE | EMAIL | TYPED NA | ME/TITLE OF AUTHORIZED | OFFICIAL | SIGNATURE | \square | | | |
| 2015-09-28 | marsha.edwards@co.lane.or.us | Marsha Edwards | | | | | | | |

(Lines 75-82)

| | FUNCTION TYPE 15 | | | | | | | | | | |
|--|---|------------------|-----------------------|------------------|---------------------------|------------------|----------------------------|-------------------|------------------------|--|--|
| REMARK | REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) | | | | | | | | | | |
| ***LIST A | GENCIES INCLUDEI | O ON THIS FORM | / [*** | | | | | | | | |
| Description | ı of Agency | Description of A | gency | Description of A | gency | Description of A | gency | Description of A | gency | | |
| | Ambulance | | Dog Control | | Library | | Outstation | | Vehicle Maintenance | | |
| M | Animal Control | | Emergency Services | | Liquor Commission | | Parking Service | | Veteran Services | | |
| | Cemetery | | Manpower | | Paramedics | | Warehouse Inspector | | Youth Bureau | | |
| | СЕТА | | Human Resources | | Mechanical Maintenance | | School for the Retarded | | WIN | | |
| | Civil Defense | | Human Services | V | Motor Pool | | Shop | | | | |
| Ш | OTHER: | Facilities | • | | • | • | • | | | | |
| | CATION. I certify that tales. (Willfully false states | | • | | | | was reported in a | ccordance with ac | companying | | |
| NA | ME OF PERSON TO | O CONTACT RE | EGARDING TH | IS FORM | TITLE | | | | | | |
| | | Aaron Rawlins | | | Sr HR Analyst | | | | | | |
| ADDRESS (Number and Street, City, State, Zip Code) | | | TELEPHO | NE NUMBER | Ext | FAX N | UMBER | | | | |
| | 125 E 8th Ave,Hu | man Resources, | Eugene, OR 974 | 01, | 541-0 | 582-4108 | | 541-68 | 32-4290 | | |
| | DATE | EM | IAIL | TYPED N | AME/TITLE O | F AUTHORIZED | OFFICIAL | SIGNATURE | | | |
| | 2015-09-28 | marsha.edward | ls@co.lane.or.us | | Marsh | a Edwards | | | | | |