



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 Police Report CAD (Computer Aid Dispatch) Record
 Photo CD Audio Recording Statistical Report

Case Number: _____ **CAD Number:** _____

Date & Time Occurred:* _____
_____ (*Required for Police Report or CAD Log)

Location:* _____
_____ (*Required for Police Report or CAD Log)

Name(s) of Person(s) Involved: _____

Purpose of Request: _____

Your Name: _____

Your Address: _____
_____ (Street and/or Mailing Address, City, State, Zip Code)

Your Phone Number: _____

Your Signature **Date**

FOR SHERIFF'S OFFICE USE ONLY: DMV/Personal Info Removed _____ Date _____
Processed by _____ Denied Reason _____
CAD Record _____ Face Page Only _____ Entire Report _____ Crash Report Only _____