

RECORDS REQUEST FORM

NOTE: IF THE CASE WAS NOT PROSECUTED BY THE LANE COUNTY DISTRICT ATTORNEY'S OFFICE, YOU MUST REQUEST THE RECORDS FROM THE LAW ENFORCEMENT AGENCY.

NAME OF REQUESTING INDIVIDUAL _____

PHONE/ FAX / E-MAIL _____

FIRM OR TRADE NAME _____

MAILING ADDRESS _____

CITY STATE ZIP _____

Describe the record you are requesting. Please be as specific as possible and include enough detail to assist Lane County staff in locating the record(s). For multiple records, attach additional pages.

DESCRIPTION OF RECORDS REQUESTED _____

Please specify the preferred format of record(s). Not all options are available within the Departments.

Paper copy ___ Electronic Media _____ Visual Inspection Only _____

By signing below I certify that the information IS true and correct to the best of my knowledge.

SIGNATURE OF REQUESTING INDIVIDUAL _____ DATE _____

----- Lane County DA Staff Use Only -----

Date request received. _____ by _____

An estimate of \$ _____ was provided on _____ by _____

Authorization to Proceed _____ Amount received \$ _____ Request Withdrawn _____

Please note: Staff time to complete redactions is calculated at \$40/hr, with a 2-hour minimum.

Submit request to: Public Records Request
 Lane County District Attorney's Office
 125 E. 8th Ave. #400
 Eugene, OR 97401
 Email: Angela.Pershern@lanecountyor.gov
 Fax: 541-682-2310