



Board of Parole & Post-Prison Supervision

Public Records Request for Emails

The Board serves the people of Oregon and strives to be open and transparent. Any interested party may submit a request for information from a selected record. There will be a charge for each request. The Board will respond to public record requests as soon as practicable and without unreasonable delay. To expedite your request, please be as specific as possible and include approximate dates of the emails requested. If the request is unclear, the Board may request further clarification. Please include as much detail as possible. Attach additional sheets if necessary. If you have a pending previous request, it will be consolidated with this request.

Email retrieval is done by Department of Corrections IT staff and will incur additional costs and time to complete. In addition, your request may have to be redacted by lawyers from the Oregon Dept. of Justice which will increase the fee.

Requestor Name: _____ Organization: _____

Mailing address: _____

Phone: _____ Fax: _____ Email address: _____

Please fill out your request in as much detail as possible, including dates. Attach additional sheets if necessary.

Emails requested: _____

Date Range: Date from: _____ (No email records exist before 2010) Date To: _____

Keywords: _____

Recipients: _____

If regarding specific Inmate or Offender: Name: _____

Inmate/Offender SID #: _____ Inmate/Offender Date of Birth: _____

Upon review of the records requested, the Board will contact you with an estimated cost to fill the request. Upon receipt of payment for the request, the Board will provide the emails requested. If you have questions regarding a records request or need assistance please contact our Records Specialist at 503-945-0915. Additional information can be found on the Board website <http://www.oregon.gov/BOPPPS> and in Board Administrative Rule 255-015. Requests for records are public records themselves and may be posted on the Board website. Documents will be sent by email unless otherwise requested.

Signature: _____ Date: _____

Please sign and return this form to: ParoleBoardRecords@doc.state.or.us, by fax at 503-945-9020 or mail to Records Office, Oregon Board of Parole and Post-Prison Supervision, 2575 Center Street NE, Salem, OR 97301.