

OREGON STATE POLICE ACCOUNT REQUEST

Please establish an account for quarterly billing of "OPEN RECORD" requests submitted. (\$10.00 per request)

COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____

CONTACT PERSON: _____

Signature **Date**

NOTE: Your account will be effective immediately upon return of this form to the Open Records Unit. No further notice will be given.

Any questions may be directed to the Open Records Unit at (503) 373-1808 ext. 230.