

# REQUEST FOR OREGON STATE POLICE AND OREGON STATE FIRE MARSHAL RECORDS

Provide all information available.

If there are fees associated with your request you will receive a fee letter with information on how to submit payment.

Mail, fax or email to: **Oregon State Police**  
**Attn: Central Records Section**  
**3565 Trelstad Ave. SE**  
**Salem, OR 97317**  
**Fax: (503) 378-6300**  
**Email: [central.records@osp.oregon.gov](mailto:central.records@osp.oregon.gov)**

Questions? Call (503) 378-3725 extension 44444 or email [central.records@osp.oregon.gov](mailto:central.records@osp.oregon.gov)

**Please select the option that best describes which requester type you represent:**

☐ Private Citizen or Business ☐ Attorney ☐ Insurance ☐ Government Agency ☐ Law Enforcement ☐ Media ☐ Other

## ***Requester Information: (please enter your contact information)***

|  |            |                   |
|--|------------|-------------------|
| Name of Requester/Firm/Company:                  |            | Telephone Number: |
| Mailing Address:                                 |            | Contact Person:   |
| City:  | State/Zip: |                   |
| Contact Person e-mail address: <i>(optional)</i> |            |                   |
| Reason for Request: <i>(required)</i>            |            | Date Needed by:   |

## ***Requested Records: (please describe in detail the records you are requesting)***

## ***Incident Information: (use this section to request records related to an incident OSP investigated or a citation issued by OSP)***

|   |       |                             |                             |
|---|-------|-----------------------------|-----------------------------|
| Case # or Citation #: (if known)              |       | Officer: (if known)         |                             |
| Date of Incident:                             | Time: | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Location of Incident/Street Address:          | City: | County:                     |                             |
| Type of Incident/Crime/Description of events: |       |                             |                             |

Persons Involved (full and complete name known) – list additional known persons in comments section

Name DOB

Name DOB

|                             |                                  |                  |        |
|-----------------------------|----------------------------------|------------------|--------|
| <b>Vehicle Information:</b> | Make/Model/Year/Color/Style/etc. | License Plate #: | State: |
|-----------------------------|----------------------------------|------------------|--------|

**Comments:**

***Please allow up to 30 days for your request to be processed. All reports requested are subject to release per state and federal public record statutes. Records may contain exempt and non-exempt materials and are subject to redaction.***