

REQUEST FOR OREGON STATE POLICE 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 to: **Oregon State Police**

Attn: Central Records Section

3565 Trelstad Ave. SE

Salem, OR 97317

Questions? Call (503) 378-3725 extension 44444

This form is accepted by mail or in person only. Electronic submissions should be done through our online portal at:
<https://forms.osp.oregon.gov/Forms/prrecordsrequest>

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

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

Will the requested records be used for the enforcement of immigration laws? Yes No

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	
Vehicle Information:	Make/Model/Year/Color/Style/etc.	License Plate #:	State:

Comments:

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