TILLAMOOK POLICE DEPARTMENT

PHONE: 503-842-2522
FAX: 503-815-1900
207 MADRONA AVENUE
TILLAMOOK, OR 97141

Acting Chief Nick Troxel

www.tillamookor.gov



TILLAMOOK POLICE DEPARTMENT REQUEST FOR PUBLIC RECORDS

Name of Requestor:	Telephone Number: (Include best time to call.)			
Mailing Address:	Contact Person:			
City:	State/Zip:			
Contact Person e-mail: (optional)	Date Needed By:	Needed By:		
Type of Record Requested: (Please be as specific as po	ossible)).		
Reason for Request:		10		
Incident Information: (Please provide as complete and	d accurate information as known.)			
Case #/Citation #/Incident #:	Officer:			
Date of Incident:	Time:	AM PM		
Location of Incident/Street Address				
Persons Involved: (Full and complete name, if known)	Harry Marie I	A11/25 11		
1)	D.O.B.:			
2)	D.O.B.:			
Vehicle Information: (if known; if involved)		W207		
Make: Model:	Year: Co	Color:		
Style: License #:	State:			
Initial indicating you read each statement below:				
All reports requested are subject to release per state ar Reports may contain exempt and non-exempt materia	Initial:			
There is a processing fee for each record requested. The signed and submitted. Once we have reviewed your reassociated. Fees are to be submitted by check or mon Police Department.	Initial:			
Requests for criminal reports pertaining to open investig Criminal Justice Agency for prosecution consideration	Initial:			
approval of the District Attorney for Tillamook County, C	Oregon.			