



# Public Records Request Form

Molalla Police Dept. | 117 N. Molalla Ave. P.O. BOX 248 | Molalla, OR 97038

503-829-8817 | Fax 503-829-3461

records@molallapolice.com

Requestor's Name

Name of Organization (If applicable)

Address

City

State

Zip

Daytime Phone No.

E-mail address

Case or Incident #

Date of incident

Date of Request

First/Middle/Last Name of involved person

Role (victim/suspect/witness)

First/Middle/Last Name of involved person

Role (victim/suspect/witness)

First/Middle/Last Name of involved person

Role (victim/suspect/witness)

Location of occurrence to include (exact address preferred)

Type of incident

I authorize the Molalla Police Department to proceed with my request for public records and agree to pay the fees listed **(on the reverse)** before preparation and/or release of those records.

Signature of requestor

