

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	Name of Organization (If applicable)			
Address		City	State	Zip	
Daytime Phone No. E-ma	il 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 inc	lude (exact address preferred)				
Type of incident					
	e Department to proceed with r aration and/or release of those		blic records and agree	to pay the fees liste	
		Signature of	requestor		

Department use only:			
The Molalla Police Department acknowledges receiving thi	is request for public records on:		
Fee schedule set by Resolution #2023-10 – City of Mol	alla Ordinances		
Police Report Printed Color Pho Police Report Photos/Audio/Video on Police Report Photo/Audio/Video by digital downl	•		
MOPD is not in possession of the requested records.			
	mated time to research:		
	mated time to prepare:mated cost to prepare:		
Requested records are exempt from disclosure under	the following state or federal law(s):		
\$ Amount due prior to research	Paid on:		
\$ Amount due prior to release	Paid on:		
	_ Date received response from requester:		
	How sent:		
Prepared by: Notes:	Scanned to file on:		