

Gearhart Police Department

698 Pacific Way, P.O. Box 2510
Gearhart, OR 97138
503-738-5501 – gearhartpd@cityofgearhart.com



Request for Public Records Disclosure

Date of Request: _____

Name of Requesting Person: _____ Phone #: _____

Describe the Record You Are Requesting:

Is this Record to be Viewed: _____ Copied: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

I understand that in making this request, I am responsible for all costs incurred in its preparation, including the cost of salaries of employees responding to this request by locating the record(s), reviewing them, and the actual copy machine cost.

Signature of Requesting Person: _____

Do Not Write Below This Line

Prepared by: _____ Reviewed By: _____

Copied By: _____ Mailed/Handed By: _____

Date: _____ Case File #: _____

Costs:

Reports: \$10.00

Photographs: \$10.00