



MULTNOMAH COUNTY SHERIFF'S OFFICE

234 SW KENDALL CT, TROUTDALE OR 97060

pio@mcsso.us

Exemplary service for a safe, livable community

Sheriff
Michael Reese

503 988-7300 PHONE
www.mcsso.us

REPORT REQUEST

Completed form may be submitted to the above listed office or email address

Date: _____

1. Report Number: _____

2. Requestor Name: _____ Requestor Telephone: _____
(name) (agency) Requestor Fax: (LE only) _____

3. Requestor Mailing Address: _____
(Inter office if appropriate) (Street) (City) (State) (zip)

4. Requestor Email: _____

5. Incident Location: _____

6. Date and time incident occurred or reported: _____
(Date) (Time)

7. Involved Person Name: _____ Date of Birth: _____
(Reporting party, Driver, etc.)

8. Other Identifying Information _____
(Vehicle or property information, etc)

9. Reason for Request: _____ Involvement in Incident: _____

10. Requester Signature: _____
(If non law enforcement)

Section II: TO BE COMPLETED BY MCSO PERSONNEL (FOR OFFICE USE ONLY)

Request Received By: _____
(DPSST) (DATE) (TIME)

- | | |
|--|--|
| <input type="checkbox"/> Unable to identify report | <input type="checkbox"/> Copy of report face and back provided |
| <input type="checkbox"/> Unable to locate report-
Specify in comments | <input type="checkbox"/> Copy of additional pages provided-
Specify in Comments |
| <input type="checkbox"/> Report face and / or back viewed | <input type="checkbox"/> Request denied due to exempt status -
Specify in Comments |
| <input type="checkbox"/> Information only provided -
Specify in comments. | <input type="checkbox"/> Request denied pending review by appropriate authority -
Specify in Comments and indicate to whom request and copy of report
have been submitted to for review. |

Comments: _____

Request Processed By: _____
(DPSST) (DATE) (TIME)

- If request is not in and it is identified as an MCSO report, request placed in correspondence folder.
- Prior to disclosing this report, I reviewed it in full and deleted all non-disclosure information.