



## Open Records Request

(In compliance with District Policy Ch 5)

All requestors for public records, read this information carefully, complete page two and return as instructed, and retain this top page for your files. Klamath 9-1-1 Emergency Communications District, in compliance with ORS 192.440 will provide copies of requested public records, within the limited restrictions of ORS 192.445 and ORS 192.501, upon receiving adequate information as listed on the second page of this form.

Klamath 9-1-1 Emergency Communications District will process each request as soon as practicable and within five working days after receiving the request. To assist in retrieving the correct information, adequate and necessary facts must accompany the request for record. Klamath 9-1-1 Emergency Communications District will acknowledge receipt of the request by stating that we do not possess the requested record; **OR** that the requested record is exempt under ORS 192.445 and 192.501; **OR** that the requested record will be made available within the authorized processing time and applicable fees will be associated.

- Copies of Call for Service printouts or address history shall be \$10.00 per copy.
  - Audio copies of phone and/or associated radio traffic shall be \$50.00 minimum.
  - Extensive processing time and research necessary to facilitate the request shall be billed at the rate of \$30 per hour/\$7.50 per quarter hour.
  - The actual cost for summarizing, compiling, or tailoring the public record in either organization or media will be considered to determine the appropriate fee.
  - Fees anticipated to be greater than \$25 will be estimated in writing and provided to the requestor prior to processing the request.
- Other document copies will have an appropriate charge associated with the request.

Klamath 9-1-1 Emergency Communications District will redact information as necessary to ensure compliance with ORS 192.445 as it applies to a presented danger to an individual's personal safety that has been a victim of domestic violence; obtained an order issued under ORS 133.055; contacted a law enforcement officer involving domestic violence or other physical abuse; obtained a temporary restraining order or other no contact order to protect the individual from future physical abuse; or filed other criminal or civil legal proceedings regarding physical protection. Additionally information involving known juveniles will be redacted for their protection. Lastly, in compliance with ORS 192.501, the public records that have been released to law enforcement for investigation or the District Attorney Office pending litigation are exempt from disclosure and therefore can be acquired through the disclosure act from that Office. All information obtained through the LEDS/NCIC/DMV systems will not be authorized for release in this format, in compliance with Department of Homeland Security policy.

Copies of this form are available on our website, for you convenience: [www.klamath911.com](http://www.klamath911.com)



# Open Records Request Form

(In compliance with District Policy Ch 5)

## Step 1: Fill in the appropriate box.

<b>Citizen Request:</b>	<b>Date:</b> _____
Name: _____	Phone: _____
Address: _____	

<b>Attorney's Request:</b>	
Name: _____	Phone: _____
Address: _____	
Firm Name: _____	
Request is for a Criminal Case Yes / No _____	Request is for a Civil Case Yes / No _____

<b>Government Request:</b>	
Name: _____	Phone: _____
Address: _____	
Agency Name: _____	

## Step 2: Fill in everything you know about the incident.

<b>Details of the Incident:</b>	<b>CAD Event # if known:</b> _____
What was the 911 call about? _____	
_____	
Where did the incident happen? _____	
_____	
When did the incident happen? <b>Date:</b> _____	<b>Time:</b> _____
Who called 911? <b>Name:</b> _____	_____
<b>Phone number:</b> _____	
Who were the parties involved? _____	
_____	
_____	
_____	

## Step 3: Tell us what you want.

<b>Type of Request:</b>	
AUDIO of calls processed by 9-1-1	Yes ___ No ___
CAD Print out	Yes ___ No ___
Other Research (explain)	Yes ___ No ___
_____	
_____	

## Step 4: Return completed form.

<b>Fax:</b>	541 - 884 - 5026
<b>Email:</b>	<a href="mailto:jgibson@kc911.us">jgibson@kc911.us</a>
<b>Mail:</b>	KC-911, 2543 Shasta Way, Klamath Falls, OR 97601
<b>In person:</b>	2543 Shasta Way Klamath Falls, OR 97601