

# Public Records Request and Discovery

West Linn Police Department  
1800 8<sup>th</sup> Avenue  
West Linn, OR 97068  
503.655.6214



Submit request to: WL Police Department, Fax: 503.656.0319 or E-mail: [wlpdrecords@westlinnoregon.gov](mailto:wlpdrecords@westlinnoregon.gov)

Name: Scott McMahon 4-8-72

Address: 2866 Hale Drive

City/State/Zip: West Linn, OR 97068

Phone: 503-970-5826

E-mail: smcmahon300@yahoo.com

Preferred method of contact:  Mail  Phone  E-mail

Please describe the purpose of your request, to the extent known and with as much detail as possible; include Case number, Date of Incident, and Name of Parties Involved: (Attach additional sheet if needed)

I don't have any prior records, I'm interested in obtaining a record on myself to have on file as I try and start a summer program for young people.

NO RECORD WITH OUR AGENCY  
West Linn Police Department  
Date 2/19/16 Signed Deana Stead

Please check how you would like to receive the requested documents:

Review at Police Department  Pick UP  Email  US Mail

### REQUESTOR TO READ AND SIGN UPON SUBMITTING REQUEST

I understand that every person has a right to inspect any public record of a public body in this state, except as otherwise provided by ORS 192.496 to 192.505. I understand that the documents or records requested may not be immediately available for my review and that I may need to make an appointment to review the documents or records. I acknowledge that there may be a cost for the research time to retrieve the requested records and costs for duplication of requested documents. If research time is required, I understand I will be notified of the estimated cost prior to retrieving the documents or records. I also understand that prepayment for research time and copies may be required. I acknowledge that any documents or records made available to review must not be disassembled and must be left intact, and that I cannot make copies myself. I understand that by typing my name below and electronically submitting this request I will be adopting it as my signature and understand these terms.

Requestor: Scott McMahon /

Date: 2/16/16

Copies: \$15.00 (first 10 pgs.) (10+ see next page for cost) # Copies made: \_\_\_\_\_ \$ \_\_\_\_\_  
Research fee and other media or materials  
(See next page and fee schedule for costs) Length of time: \_\_\_\_\_ \$ \_\_\_\_\_

Additional Charges: \_\_\_\_\_  
ADDITIONAL CHARGE TOTAL \$ \_\_\_\_\_  
TOTAL DUE \$ \_\_\_\_\_

Approved Date: \_\_\_\_\_

Denied Date: \_\_\_\_\_

Reason: \_\_\_\_\_

### FOR INTERNAL USE ONLY

Copies:  Citation  Narrative  Field Officer Notes  Pictures  Other