



HILLSBORO FIRE DEPARTMENT

240 SOUTH FIRST AVENUE
HILLSBORO, OR 97123-3973
(503)681-6166 FAX (503)681-6208



PUBLIC RECORDS REQUEST FORM

Public Records Requests take a **minimum** of seventy-two (72) hours and may take several weeks dependent upon the record requested.

All Hillsboro Fire Department Public Records Requests must be submitted in writing, using this form, which is to be filled out **in its entirety**.

Fees for reports and photo CDs are \$10.00 each unless denoted by an "*" in which case fees will be billed at a rate of \$36.00 per hour, with a minimum \$36.00 non-refundable deposit to be paid in advance. Payment of fees must be received with this form or the request will not be processed, if the record is deemed not releasable all fees will be returned.

REQUESTOR INFORMATION

DATE: _____ TIME: _____ REQUESTOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

REASON FOR REQUEST: _____

I agree not to use, share, or disseminate any information pertaining to the record other than for lawful purposes.

SIGNATURE OF REQUESTOR: _____ DATE: _____

INFORMATION REQUESTED

- INSPECTION REPORT (MOST RECENT INSPECTION ACTIVITY)
- FIRE REPORT
- UST*(UNDERGROUND STORAGE TANK)
- OTHER* _____
- EMS REPORT (SUBPOENA REQUIRED)
- AST*(ABOVE GROUND STORAGE TANK)
- PHOTOS (CD)
- HAZ-MAT*

INCIDENT DATE: _____ INCIDENT TIME: _____

INCIDENT/INSPECTION ADDRESS(S): _____
(MUST LIST ALL - MAY USE BACK)

NOTE: UNDER OREGON PUBLIC RECORDS LAW CASES STILL UNDER INVESTIGATION ARE NOT RELEASABLE.

FOR HILLSBORO FIRE DEPARTMENT USE ONLY FM EMS DATE SENT: _____

APPROVED: _____ PAID: \$ _____ CHECK: # _____
(DATE AND INITIALS)

Referred To: City Attorney City Council Human Resources Other _____

DENIED: _____ REASON: _____
(DATE AND INITIALS)

NO RECORDS FOUND: _____ RECORDS ENCLOSED

RELEASED DATE: _____ TIME: _____ BY: _____