



Boardman Police Department

200 City Center Circle P.O. Box 229
Boardman, OR 97818
Admin (541) 481-6071 - Fax (541) 481-6171



Boardman Police Department Request for Police Report

(Please Print)

Date of Request: _____ **Case Number** (if known): _____

Type of Crime: _____
(Examples: Burglary from Residence, Larceny from Auto, Traffic Accident)

Location: _____
(Address of incident, street or cross streets where incident or accident occurred.)

Date Reported: _____
(Date of incident or contact with police.)

Reported By: _____
(Name of person(s) who had contact with police.)

Date of Birth: _____
(Date of birth of person who had contact with the police.)

Other: _____
(Include vehicle description, license plate number, or VIN number if known.)

Your Printed Name: _____ **Phone #:** _____

Address: _____

Check here if you wish to receive a Certified Copy of the report(s).

Signature **Date**

Include check for \$20.00 per report. Make payable to: *City of Boardman Police Department.*
Mail this form along with payment to:

Boardman Police Department
P.O. Box 229
Boardman, Or 97818

If your report includes photos and you would like printed copies, or copies put on a CD, there is an additional charge of \$15 for up to 12 printed copies and/or \$20 to have them put on a disc. Please check appropriate box if you need photos: **Printed Copies** **On Disc**

The Boardman Police Department Administrative Office is open M-F from 8:00 a.m. until 5:00 p.m., excluding holidays. Parties involved in a traffic crash may receive the front page of a traffic crash police report free of charge. Please allow a minimum of 24 hours to process your report request. Reports that are pending investigation or reports in which an arrest has been made are not available for release until the investigation is complete or upon approval from the District Attorney's Office. If you are picking the report up in person, we accept cash (exact change only), checks and credit / debit cards. For further questions, contact the Boardman Police Department at 541-481-6071.

Internal use only.

Check No. _____ Receipt No. _____ By: _____ Date Sent: _____

Photocopy of Picture ID