

Campus Public Safety Office

1914 SW Park, Suite 148
Post Office Box 751
Portland, OR 97207-0751

503-725-4407 tel
503-725-5593 fax
cpso@pdx.edu



Request for Inspection or Copy of Records

Requests may be submitted in person, by mail, fax or by email

Report Information

Date/Time Reported: _____ Date of Request: _____
Date and Time of incident or contact *Date of Report*

Type/Nature of Incident: _____
Example: Burglary, Larceny from Auto, Bicycle Theft, etc.

Location of Incident: _____
Building name, address of incident, street or cross streets where incident occurred

Reported By: _____ Date of Birth: _____
Name of person(s) who had contact with CPSO *Date of Birth of contact person*

**I am requesting the following record(s) for inspection/copying: _____ (detailed information by case number or name/date of birth and date of incident must be provided to allow the public body to search for and identify/retrieve the requested records)*

- I wish to receive copies of the requested record(s).
- I wish to receive a certified copy of the requested record(s).

**Above information elements required by ORS 192.440*

Requesting Party Information

*Full Name: _____
Last First M.I.

*Address: _____
Street Address Apartment #

City State ZIP Code

*Telephone No: () _____ Fax Number: () _____

E-mail Address: _____

Received on: _____ Received By: _____

Approved By: _____ Approved On: _____ Paid with: _____