

MARION COUNTY SHERIFF'S OFFICE

Report Request Form

Name Scan (\$15	5.00)	Records Direct: 503	3-588-5071	
Address Scan (
Report Request	: (\$10.00+)		a	
			and side	
Incident Info	mation:	300	Today's	Date
Case Number	14	Date of Incident	App	prox Time of Incident
12	an .	V/ OF	0.	VC
Address of Incident	151. 1		City	of Incident
NY DO	7/4-//	V / a calificat		X 1 1 1
Incident Type		18	Specify Details	712
1141	10		IZER	. TP/
Suspect/Person Invo	olved		Date	e of Birth (DOB)
		No.		
Person Requesting	Information:	*	SI ≉.//L	
Name:				
	SIGP	1859	2/107	1 aling
Address:	100	0	- VA	Super-
City		State:		1 march
City	AD THE PARTY OF	State:	Zip:	- wind
Phone Number:		A	A	
		AXX		
Email Address:		11.25		
Method of Return (Check Box)	Email			
(Call when Ready			
	Mail to Address			

Marion County Courthouse • 100 High Street NE / PO Box 14500, Salem, OR 97309 503.588.5094 • 503.588.7931 (fax) • www.co.marion.or.us/so