



270 Columbia Blvd
St. Helens, OR 97051
Phone: (503) 397-2990
Fax: (503) 397-3198

Records Request Form

All records requests are subject to a \$10, per document fee, Custodian of Records time per hour charge, and any applicable District Attorney fees per Policy 801.

Requesting Party: _____

Address: _____

Contact Phone Number: _____

Type of Document Requested:

- Fire Investigation Report Other (_____)
- Patient Care Report

Preferred Method of Reception:

- Mail (addressed to: _____)
- Email (addressed to: _____)
- Fax (number: _____)
- Pick up at CRFR Admin Office (270 Columbia Blvd. St Helens, OR 97051)

Incident Reports Only:

Patient Name (if applicable): _____

Address of Incident: _____

Date of Incident: _____ Estimated of Time of Incident: _____

Payment for Report:

Charge per Report: \$10 Total Due: _____

Staff time (custodian) Total Due: _____

Payment Method: ___ Debit/Credit Card ___ Check *Cash is NOT accepted*

Card Number: _____ Exp. Date: _____ CVV Code: _____

(Card payment can also be made over the phone, M-Th from 8:00-5:00)

Signature of Requester: _____ Date: _____

Please return to CRFR Admin at 270 Columbia Blvd. St Helens, OR 97051 or by fax to (503) 397-3198