Marion County Sheriff's Office Report Request Form

PO Box 14500 Salem, Oregon 97309 503-588-5071

"Your Partner in Public Safety"

Case Number	Date of Incident	Approx Time of Incident
Address/Location of Incide	nt	City of Incident
Incident Type	Specify	
Suspect/Person Involved		
on Requesting Informatio	'n	
me		
dress		
one Number	State Zip Code	
	FOR OFFICE USE ONLY	
Report cannot be released		