

**LINN COUNTY JUSTICE COURT  
PUBLIC RECORDS REQUEST FORM**

*Requestor's Contact Information*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Day Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date & Time of Request: \_\_\_\_\_  
  
Signature: \_\_\_\_\_

I want to [check one]  inspect  get a copy of  get a certified copy of  inspect & copy  
of the following record(s) in the Linn County Justice Court: (attach additional page if needed)

Name of Person on Record: \_\_\_\_\_  
Case Number of record(s) if known: \_\_\_\_\_  
Type of record: \_\_\_\_\_  
Subject matter: \_\_\_\_\_  
Approximate date record was created: \_\_\_\_\_

*Staff to Complete This Section*

Total number of records located:	_____	x	\$3.75	=	\$ _____
Total number of pages copied:	_____	x	\$0.25	=	\$ _____
Total number of certified copies:	_____	x	\$1.00	=	\$ _____
Total Hours of supervised Inspection:	_____	x	\$32.00	=	\$ _____
Total Amount Due:					\$ _____

Lebanon Justice Court  
30 E Maple / PO Box 283  
Lebanon, OR 97355  
Phone: (541) 258-5777  
Fax: (541) 258-5500