



1333 NW Eastman Parkway, Gresham, Oregon 97030-3813  
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GreshamOregon.gov/fire  
GFES@GreshamOregon.gov

**PUBLIC RECORDS REQUEST**

Gresham Fire & Emergency Services retains fire reports, medical response records and commercial occupancy inspection forms. All requests for research must be in writing. Please allow 4-5 working days per request.

**FEES**

\$10.00 for the first 10 pages of a report, \$1.00 for each additional page + \$5.00 minimum postage fee  
\$0.25/page/side for other records + \$5.00 minimum postage fee  
\$5.00 for a photo CD/DVD if photos are available  
\$35/hr. + listed fees when request requires between 30 minutes and two hours of staff time; two hours or more is charged at actual staff time costs. A deposit is required.

Fees for research and copies are due at the time information is provided (unless otherwise noted) and may require photo ID. We accept cash or checks made payable to the **City of Gresham**.

**Property/Incident Records Request**

Location or Address: \_\_\_\_\_ Incident Date: \_\_\_\_\_

(Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Fire Incidents        | <input type="checkbox"/> Underground Storage Tanks (UST) |
| <input type="checkbox"/> Hazardous Materials   | <input type="checkbox"/> Aboveground Storage Tanks (AST) |
| <input type="checkbox"/> Other (specify) _____ |  |

**Medical Records Request**

Individual's Name: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Location or Address of Incident: \_\_\_\_\_

**Records will not be released without one of the following:**

- A signed medical release form (notarization required)
- The patient, family member, guardian, or executor presents proper identification, in person, at the Gresham Fire Administration Office (review by the City Attorney may be required)
- Subpoena (to be reviewed by the City Attorney)

**Requested By**

Contact Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_