**Discovery Request**

**(Non-Attorney Trials Only)**

I,     , request discovery for my case:

(Print Name)

SPD Case #:       and/or Citation #:

The charges include:

I am requesting (documents / photos, etc.):

**Contact Information:**

Phone #:       E-Mail:

Address:

Signature Date

**Please either e-mail completed form to** **policeinformation@sherwoodoregon.gov****, fax to 503-925-7159 or mail to: ATTN: Records, Sherwood Police Department, 20495 SW Borchers Drive, Sherwood, OR 97140.**

*Office Use Only*

Request received on by .

Request given to ­ for processing on .

 (Date)

Notification of completion given by on .

 (Date)

Date picked up / e-mailed: by ­ .

 (circle one)