



JOSEPHINE COUNTY SHERIFF Photo Development Request and Billing

Request Rec'd: _____
Negs to Dev: _____

Case to DA Yes _____ DA auth release _____
CD burned: _____ Bill to Requestor: _____

Case Information

LEA Case Number: _____
Incident Type: _____
Location: _____

Deputy: _____

Person Requesting Information

Name: _____
Company: _____
Address: _____

City/State/Zip: _____

Phone: (_____) _____
FAX: _____

Client Info: _____

Film Information for this case

of 35mm rolls: _____

Digital Camera Disks: _____

of 35mm sets; # CD's: _____

Cost for development: \$ _____

Cost per disk: \$ 2.00

Handling Fee: \$ 20.00

Total Due: \$ _____

1. Make check payable to "Josephine County Sheriff"
2. Mail to: Josephine County Sheriff
Evidence Department
500 NW 6th St.
Grants Pass, OR 97527
3. Upon receipt of your check, the photos or CD will be mailed to you.

FOR SHERIFF'S OFFICE USE ONLY		
Check _____	to administration _____	by Deputy Kari A. Babson
Number	Date	
Received in administration by _____		
(3)Copy to:	Administration with check	Requester Evidence Files