

Board of Parole and Post-Prison Supervision
VICTIM REQUEST FOR NOTIFICATION

Pursuant to Oregon statute, I am requesting that I be notified of all hearing and release dates for the following inmate:

Inmate's Name

State ID#

Your Name

(please print)

Victim's name (if different)

Your relation to victim

Your mailing address and telephone number:

(Street Address)

(City, State, Zip)

Phone #

Phone #

Yes, I wish my address and phone number to be kept confidential, not to be disclosed to the inmate.

It is not necessary that my address and phone number be kept confidential.

IF YOUR ADDRESS CHANGES, PLEASE NOTIFY US IMMEDIATELY

Send to:

Oregon Board of Parole and Post-Prison Supervision
2575 Center Street NE, Suite 100
Salem, OR 97301-4621
Phone 503-945-0914
Fax: 503-373-7558

Parole Board use only:

Data change _____ New Entry _____

Notify date: _____

Phone _____ Letter _____ In Person _____

PBMIS entry: _____

VID# _____

AS/400 entry: _____

PB Staff _____