



**Washington County 911**  
 17911 NW Evergreen Pkwy  
 Beaverton, OR 97006  
 503-690-4911  
 Admin hours: 8 AM to 4 PM (M-F)

<b>DISTRICT ATTORNEY / USER AGENCIES</b>	
Send authorization to: Fax: 503-531-9320 or Email: audiorequest@wccca.com	
<b>Purpose of Request</b>	
<input type="checkbox"/> Criminal Investigation	
<input type="checkbox"/> Training / Other _____	
<b>Authorization</b>	
<input type="checkbox"/> DA Office	<input type="checkbox"/> User Agency (Supervisor)
Name / Initials _____	
<input type="checkbox"/> Release	<input type="checkbox"/> Do Not Release

## Records Request Form

_____		_____	
Date		Trial Date (if known)	
_____		_____	
Name		Title / Client Name / Ref #	
_____		_____	
Street Address / Agency	City	State	ZIP Code
_____		_____	
E-Mail Address (Required for Email Delivery Method)		Phone Number	

**RECORDS REQUEST TYPE: (Select one record type and Delivery Method)**

*\*Payment is required with request submission (no fee is required for WCCCA Users). Requested radio traffic time beyond incident stabilization time, will be charged at \$50 per hr., (min 1 hr.)*

- CAD Incident Record – \$25\***  
 This includes a paper or electronic (pdf) copy of the incident record with the date, time and location, incident type, associated incident remarks, reporting party information, witness information, response times, arrest times, and who responded to the incident. (Includes related incidents within 12 hours)
- CAD Incident Record + Recording of the Phone Call(s) – \$50\***  
 This includes a copy of the CAD incident record and a CD or electronic (mp3) copy of the related audio recording of the incoming 911 or non-emergency phone call that was answered for the incident.
- CAD Incident Record + Recording of the Phone Call(s) + Radio Traffic – \$75\***  
 This includes a copy of the CAD incident record, and a CD or electronic (mp3) copy of the related audio recording of the incoming 911 or non-emergency phone call(s) and the audio recording of the radio traffic from the start of the incident until incident stabilization or arrest time.
- CAD Incident Record + Recording of the Radio Traffic – \$50\***  
 This includes a copy of the CAD incident record and a CD or electronic (mp3) copy of the audio recording of the radio traffic from the start of the incident until incident stabilization or arrest time.

<b>Delivery Method:</b>	<b>Email – electronic pdf file &amp; mp3</b>	<b>Standard mail – paper &amp; CD</b>
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**INCIDENT INFORMATION: (Provide as much detail as possible)**

_____	_____	<b>INCIDENT #:</b> _____
Date Occurred	Time Occurred	
_____		
Address or Location		
_____		
Nature of Incident		

Persons Involved\*\*

**\*\* Requests involving Protected Health Information (PHI) require authorization subject to HIPAA Regulations**

<b><u>DO NOT MARK IN THIS AREA</u></b>	
Date Received:	Amount Paid:
Date Processed:	Balance Due:
Processed By:	Check Number:
Request Number:	Check Name: