



Washington County 911
 17911 NW Evergreen Pl.
 Beaverton, OR 97006
 503-690-4911x214
 Admin hours: 8 AM to 4 PM (M-F)

**FOR DISTRICT ATTORNEY AND WCCCA
 USER AGENCIES USE ONLY**
 Send authorization to:
 Fax: 503-531-9320 or Email: audiorequest@wccca.com

Purpose of Request
 Criminal Investigation
 Training / Other _____

Authorization
 DA Office User Agency (Supervisor)

Name / Initials _____

Release 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 with check or money order made out to WCCCA is required with request submission (no fee is required for WCCCA User Agencies). Requested radio traffic time beyond incident stabilization time, will be charged at \$50 per hr., (min 1 hr.)* **We retain information for 3 years – data beyond that is not available****

- 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.

Delivery Method: Email – electronic pdf file & mp3 Standard mail – paper & CD

INCIDENT INFORMATION: (Provide as much detail as possible)

 Date Occurred Time Occurred **INCIDENT #:** _____

 Address or Location

 Nature of Incident

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

DO NOT MARK IN THIS AREA	
Date Received:	Amount Paid:
Date Processed:	Balance Due:
Processed By:	Check Number:
Request Number:	Check Name: