



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

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

Search 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

SEARCH REQUEST TYPE: (select one or more and Delivery Method)
**Payment is required with submission for each report selected (no fee is required for WCCCA Users). Each research request includes 30 minutes of processing time. If additional process time is required, the time will be charged at \$50 per hour, in hourly increments.*

****We retain information for 3 years – data beyond that is not available****

Premise History Report – \$25*
 This includes a paper or electronic (pdf) copy of a list all incidents to a specific address including the incident number, date, time, location, incident type, and units assigned.

_____	_____	_____
Address	Begin Date	End Date

Name Search Report – \$25*
 This includes a paper or electronic (pdf) copy of a list of incidents using a specific name including the incident number, date, time, location, incident type, and units assigned.

_____	_____	_____
Name	Begin Date	End Date

Other Search Report – \$25*
 This includes a paper or electronic (pdf) copy of a list of incidents using a specific text criterion including the incident number date, time, location, incident type, and units assigned.

_____	_____	_____
Other Text Criteria	Begin Date	End Date

Delivery Method: Email – electronic pdf file Standard mail – paper

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