



**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@wcca.com

**Purpose of Request**  
 Criminal Investigation  
 Training / Other \_\_\_\_\_

**Authorization**  
 DA Office  User Agency (Supervisor)

**Name / Initials** \_\_\_\_\_

Release  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 with check or money order made out to WCCCA is required with submission for each report selected (no fee is required for WCCCA User Agencies). 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

**DO NOT MARK IN THIS AREA**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_ Balance Due: \_\_\_\_\_  
 Processed By: \_\_\_\_\_ Check Number: \_\_\_\_\_  
 Request Number: \_\_\_\_\_ Check Name: \_\_\_\_\_