



Washington County 911
17911 NW Evergreen Pkwy
Beaverton, OR 97006

DISTRICT ATTORNEY / USER AGENCIES
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 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.

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: