



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

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

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