



Tillamook County
Emergency Communications District
— 911 —

Agency Records Request

Today's Date:		Requested Completion Date:	
Name:		Agency (if applicable):	
Address:		Phone:	
City:		State:	Zip:
Requested Records:			
<input type="checkbox"/> Audio Tape Recording of: <input type="checkbox"/> Telephone <input type="checkbox"/> Radio (Select Channels): <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Other: _____ <input type="checkbox"/> Call For Service (CFS) Report			
Date of Incident:	Time of Incident:	Location of Incident:	
Details of Request - include name of parties involved, type of incident and other specific information:			
Purpose of Request:			
<input type="checkbox"/> Criminal Review or Prosecution		<input type="checkbox"/> Intra-Departmental Use	
<input type="checkbox"/> Review of 9-1-1 Procedure		<input type="checkbox"/> Private Use	
Is there now or will there be a criminal investigation conducted as the result of this incident?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Signature of Person Making Request

Date

Signature of Agency Head

Date

Office Use Only

Records Provided To:

Date:

Fee / Check #: