



Tillamook County
Emergency Communications District
— 911 —

Public Records Request

Today's Date:		Requested Completion Date:	
Name:		Firm (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:	Incident Location:	
Call For Service No.:		Agency Involved:	Agency Case No.:
Name of 9-1-1 Caller:		Name of Person(s) Arrested:	
Type of Incident:			
Details of Request:			

CONTINUED ON REVERSE

Purpose of Request:

Criminal Review or Prosecution

 Intra-Departmental Use
 Review of 9-1-1 Procedure

 Private Use

Is there now or will there be a criminal investigation conducted as the result of this incident?

Yes No Unknown

REQUIRED AUTHORIZATION	
<p>Agency Authorization:</p> <p>Prior to the release of any Public Record documents, the release must be approved by the involved Public Safety agencies involved. Obtain the authorization prior to submitting this form with required fees to Tillamook 9-1-1. Authorization is not required for criminal defense purposes (see below).</p> <p>Requests without the required authorization will not be processed until the authorization is obtained. It is the responsibility of the person submitting the request to obtain the appropriate signature(s).</p>	
Name of Agency:	Authorized Signature:
Name of Agency:	Authorized Signature:
Name of Agency:	Authorized Signature:

CRIMINAL DEFENSE CASES ONLY	
<p>Criminal Defense:</p> <p>Authorization for release of records on Criminal Defense cases is not required. In lieu of authorization, please complete the following information so your request may be processed.</p>	
Criminal Defense Attorney:	OSB No.:
Name of Defendant:	Charge(s):

<p>Submission Checklist:</p> <p> <input type="checkbox"/> Form Complete <input type="checkbox"/> Authorization Complete <input type="checkbox"/> Check or Money Order Enclosed (please do not submit cash) </p> <p style="text-align: center;"> Amount: _____ Check No.: _____ </p>	
Signature	Date

Office Use Only		
<input type="checkbox"/> Form Received		
<input type="checkbox"/> Authorization Received		
<input type="checkbox"/> Fees Received		
Records Provided To:	Date:	Fee / Check #:



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Instructions for Completing Public Records Request

1. Please complete the front side of this form completely. Clearly print or type answers to avoid any confusion in preparing the requested records.
2. Records will not be researched and/or released without proper authorization.
3. Fees for records:
 - a. Any public records request will be charged at a rate \$25/hour with a one (1) hour minimum charge;
 - b. Charges for copying maps or other nonstandard size documents will be charged in accordance with the actual costs incurred by the District;
 - c. If a request for records requires District personnel to spend more than 15 minutes researching any copying records, the District will charge a fee of \$25/hour with a minimum charge of one quarter hour;
 - d. If the request is of such a magnitude and nature that compliance would disrupt the District's normal operation, the District may impose such additional charges as are necessary to reimburse the District for its actual costs of producing the records;
 - e. The appropriate fee must accompany this request, in the form of check or money order. No cash will be accepted.
4. Please allow 14 days for completion of the request.
5. Please direct any questions to the Administrative Assistant at 503-842-3446.