RIVERCOM 911 REQUEST FOR PUBLIC RECORDS

Mail or Email request form to:

RIVERCOM 911

P.O. Box 3344, Wenatchee, WA 98807 / PHONE: 509-662-4650 / EMAIL: publicdisclosure@rivercom911.org

| REQUESTING PARTY INFORMATION Please print legibly | | | | | | |
|---|--------------------|-----------------------|--------|------------------|--------------------|--------------------|
| Name of Requestor: | | | | | | |
| Requesting Agency (if applicable): | | | | | | |
| Mailing Address: | | | | | | |
| City, State, and Zip: | | | | | | |
| Phone Number: | | | | Email Address: | | |
| | | | | | | |
| TYPE OF RECORDS REQU | I ESTED Ple | ease check records i | reques | ted | | |
| Audio recording of 911 call – Provided on CD | | | | | | |
| Audio recording of all 911 calls related to incident – Provided on CD | | | | | | |
| Audio recording of rac | Provided on CD | Start Time: End Time: | | | | |
| Call Log – Paper Copy (Non-radio traffic provided in paper form) | | | | | | |
| Other Record – Description: | | | | | | |
| Additional or Special Instructions: (For example, search for "key words") | | | | | | |
| INCIDENT INFORMATION | N | | | | | |
| INCIDENT NUMBER: | | | | | DATE OF INCIDENT: | |
| Type of Incident: | | | | | Time of Incident: | |
| Location of Incident: | | | | | | |
| Name of Persons Involved: | | | | | | |
| I certify under penalty of per request will not be used for a the accuracy or completenes | commercial | purposes. I under | rstand | l and acknowledg | e that RIVERCOM 91 | 1 does not warrant |
| REQUESTING PARTY SIGNATURE | | DATE | | PLACE | | |

We will respond to your request within 5 business days. Completed requests will be mailed to the address provided, unless another means of distribution has been pre-arranged.

Recordings of 911 calls are retained for a period of 90 days from the date of the incident. Records may be redacted in accordance with RCW 42.56 or other statutes as applicable.