

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 REQUESTED *Please check records requested*

<input type="checkbox"/>	Audio recording of 911 call		
<input type="checkbox"/>	Audio recording of all 911 calls related to incident		
<input type="checkbox"/>	Audio recording of radio traffic	Start Time:	End Time:
<input type="checkbox"/>	Call Log – Paper Copy (Non-radio traffic provided in paper form)		
<input type="checkbox"/>	Other Record – Description:		
Additional or Special Instructions:			

INCIDENT INFORMATION

INCIDENT NUMBER:		DATE OF INCIDENT:	
Type of Incident:		Time of Incident:	
Location of Incident:			
Name of Persons Involved:			

I certify under penalty of perjury under the laws of the State of Washington that the information obtained through this request will not be used for commercial purposes. I understand and acknowledge that RIVERCOM 911 does not warrant the accuracy or completeness of information contained in public records or any data provided electronically.

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.