

## Tillamook County Emergency Communications District — 911 —

Agency Records Request					
Today's Date:	Requ	Requested Completion Date:			
Name:	Agen	Agency (if applicable):			
Address:	Phon	Phone:			
City:	State	:	Zip:		
Requested Records:			I		
Audio Tono Decembra of					
☐ Audio Tape Recording of:					
☐ Telephone					
Radio (Select Channels):					
□ Police □ Fire □ EMS □ Other:					
☐ 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:					
☐ Criminal Review or Prosecution	☐ Intra-Departmental Use				
☐ Review of 9-1-1 Procedure	☐ 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					
Signature of Person Making Request	Date	Signature of	Agency Head	Date	
Office Use Only					
Records Provided To:	Date:		Fee / Check #:		