

Mail to:
Washington County 911
PO Box 6375
Beaverton, OR 97007
Include \$22.00 check or money order



**WCCCA
Information Request**

DATE:

NAME:

ADDRESS:

PHONE:

**CRIMINAL CASES
WASHINGTON COUNTY DA
AUTHORIZATION**

By: _____

Print Name: _____

Release

DO NOT RELEASE

DO NOT MARK IN THIS AREA

DA use only

TYPE OF REQUEST: (check those that apply)

Printout of incident.

Premise History (can search back approx. 3 years)

CD of:

911/ or non-emergency line Call(s) and/or

Radio Traffic

Fast Silence Mode (skips dead air time)

INCIDENT INFORMATION

DATE OCCURRED:

TIME OCCURRED:

ADDRESS OR LOCATION:

NATURE OF INCIDENT:

PERSONS INVOLVED:

Do not write in this area

Time Started:

Date Processed:

Time Completed:

Processed By:

Total Time:

Request Number:

Total charge: