



Mail to:  
**Washington County 911**  
 17911 NW Evergreen Pkwy  
 Beaverton, OR 97006  
**Include \$22.00 check or money order**

<b>CRIMINAL CASES</b> WASHINGTON COUNTY DA AUTHORIZATION
By _____
Print Name _____
<input type="checkbox"/> Release <input type="checkbox"/> Do Not Release <b>DO NOT MARK IN THIS AREA</b>

## WCCCA Information Request Form

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name (Last, first, middle initial)

\_\_\_\_\_  
 Client/Ref # (If Applicable)

\_\_\_\_\_  
 Street address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 ZIP Code

\_\_\_\_\_  
 Primary phone number

\_\_\_\_\_  
 Other phone number

\_\_\_\_\_  
 E-mail address

### TYPE OF REQUEST: (check those that apply)

- Printout of incident (CAD report)     Additional Request: \_\_\_\_\_
- Premise History from \_\_\_\_\_ to \_\_\_\_\_ (search limited to last 3 years)
- CD of:     911/or non-emergency line call(s) and/or     Radio Traffic
- Fast Silence Mode (skips dead air time)

### INCIDENT INFORMATION:

INCIDENT #: _____
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\_\_\_\_\_  
 Date Occurred

\_\_\_\_\_  
 Time Occurred

\_\_\_\_\_  
 Address or Location

\_\_\_\_\_  
 Nature of Incident

\_\_\_\_\_  
 Persons Involved

**\*\* Requests involving Protected Health Information (PHI) will  
 require authorization subject to HIPAA Regulations \*\***

### Do Not Write in This Area

Date Processed:

Processed By:

Total Time:

Request Number:

Total Charge: