



CAD SPECIAL INFORMATION WORKSHEET

POLICE FILE

FIRE/EMS FILE

BOTH FILES

EXPIRATION DATE: (Required field - maximum 1 year)

- HAZARD FILE: Either people or property that may be hazardous to responder.
- TEMPORARY SITUATION FILE: Helpful information for responders i.e. Health info.
- DIRECTIONS FILE: Hard to find addresses restricted access

ADDRESS INFORMATION:

BUSINESS NAME (If applicable):

ADDRESS:

APT OR SUITE # (If applicable):

TEXT INFORMATION TO BE ENTERED FOR RESPONDERS (**450 character limit**):

Contact Person:

Contact Phone #:

Date Submitted:

Submitted By:

Approved by:

Do not write below this line – This information to be completed by WCCCA Resource

DATE RECEIVED:

FOLLOWUP NOTES:

DATE CAD ENTRY COMPLETED:

TOTAL # DAYS FROM RECEIPT TO ENTRY:

ENTERED BY:

Send completed form to: resource@wccca.com

PHONE: (503) 690-4911 FAX: (503)439-1499