



Washington County 911  
17911 NW Evergreen Pkwy  
Beaverton, OR 97006

**Fax or Email Request**  
Fax: 503-531-9320  
Email: audiorequest@wccca.com  
Phone: 503-690-4911

## WCCCA User Agency Information Request Form

_____	_____
Current Date	Trial Date (If Known)
_____	_____
Name	Rank
_____	_____
Address / Agency	Phone number
_____	_____
Client/Ref # (If Applicable)	Sergeant's Initials

**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)

E-Mail MP3 to: \_\_\_\_\_

**INCIDENT INFORMATION:**

**INCIDENT #:** \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_

Date Occurred    Time Occurred

\_\_\_\_\_

Address or Location

\_\_\_\_\_

Nature of Incident

\_\_\_\_\_

Persons Involved

**Purpose for Request:**

Criminal Investigation     Training     Other \_\_\_\_\_

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

**Do Not Write in This Area**

Date Processed: \_\_\_\_\_    Processed By: \_\_\_\_\_

Request Number: \_\_\_\_\_