



POLICE | FIRE | MEDICAL  
Your Emergency – Our Priority

# THURSTON 911 COMMUNICATIONS (TCOMM911)

## Request for Public Records

Please provide the following information so that your request for public records may be processed. There may be a charge to provide copies of the requested records payable in advance. Please refer to the Public Records Request Copy & Reproduction Rates posted on our website at [www.tcomm911.org](http://www.tcomm911.org) for more information.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
**First MI Last**

Requestor DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ (utilized to check Protection/No Contact Order status if required)

Agency/Business Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List of Documents and/or Audio Files Requested (be specific):

### Incident Information

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ Type of Incident: \_\_\_\_\_

Is this information being requested for court? \_\_\_\_\_ Court Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I certify that any list of individuals obtained through this request will not be used for commercial purposes.*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### FOR STAFF USE ONLY

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ 5 Day Letter Sent: Yes No Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Request Received By: \_\_\_\_\_ Via: In Person \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_

Protection/No Contact Order Status: No Order \_\_\_\_\_ Active \_\_\_\_\_ Date Served: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor: \_\_\_\_\_

Approved for Release By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_