



TCOMM 911

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 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: ____/____/____

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: ____/____/____