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. All documents are assumed to be returned to the requestor by email unless specifically requested otherwise. For any other delivery 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:____/____/____ Requestor Name:_____ Phone#_____
FIRST MI LAST

Requestor DOB:____/____/____ (*Utilized to check Protection/No Contact Order status)*

How would you like to receive your documents? ☐ **Mail** ☐ **E-Mail** ☐ **Pick up**

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/Address 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:___/____/____ Req. Rcv'd By:_____☐ In Person ☐ Phone ☐ Fax ☐ Email ☐ Mail
Initials

Date Sent:____/___/____ Sent By:_____☐ In Person ☐ Fax ☐ Email ☐ Mail
Initials

Protection/No Contact Order Status: No Order_____ Active____Date Served:_____/____/____Supervisor:_____

Approved for Release By:_____ **Date**:____/____/_____

Submit your completed form by fax: (360) 704-2723 Email: records@tcomm911.org
Mail: Thurston 911 Communications, 2703 Pacific Ave. SE. Ste. A, Olympia, WA 98501