TCOMM 911

POLICE | FIRE | MEDICAL
Your Emergency – Our Priority

Records Request Form

Thurston 9-1-1 Communications
2703 Pacific Avenue SE Suite A
Olympia, WA 98501
Phone: (360) 704-2730
Fax: (360) 704-2723
www. tcomm911.org
TDD/TTY: (360) 704-2740

Requested By: _____ DOB: ____/____/____ Date: _____
First Mi Last DOB Utilized to check Protection/No Contact Order Status only

Contact Phone: _____ Email Address: _____

Agency/Business Name*: (If Applicable):*_____

Mailing Address: _____ City: _____ State:_____ Zip: _____

How would you like to receive your documents: ☐ Email ☐ Mail ☐ Pick-Up

Incident Date: _____Incident Time: _____ Incident Case #: _____Incident Type: _____

Incident Address: _____ City: _____

List of documents and/or audio files requested (be specific): *i.e. Incident Activity or 911 Audio*

I certify that any data obtained through this request will not be used for commercial purposes.

Signature: _____ **Date:** _____

Response Timeline: An initial response will be provided within 5 business days. If records are not available at that time, an estimate will be provided for when records will be available.

Fees: Please refer to the Public Records Request Copy & Reproduction Rates posted at **www.tcomm911.org** for more information.

Other Records: For **police reports, officer notes, pictures, or video**: Please contact the Law Enforcement Agency that responded directly.

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