



SNOCOM  
P.O. Box 180  
Mountlake Terrace, WA 98043-0180  
425-775-5201  
Fax: 425-775-9386

## Request for Access to Public Records

The following information is to be filled out by the person requesting records (please print with **pen**):

Date \_\_\_\_\_ Requestor's Name \_\_\_\_\_

Requestor's Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Phone \_\_\_\_\_

If this is an emergency request, indicate the date desired and describe the nature of the emergency:

\_\_\_\_\_

### **SPECIFIC RECORDS REQUESTED: (Please supply as much information as possible)**

Police/Fire Case No. \_\_\_\_\_ Police/Fire Incident No. \_\_\_\_\_

Incident Date \_\_\_\_\_ Incident Time \_\_\_\_\_

Type of Incident \_\_\_\_\_

Involved Person(s) Names \_\_\_\_\_

Type of Request  911 calls  Radio traffic  Other (Specify) \_\_\_\_\_

### **Location of incident (Address or intersection, including the city)**

\_\_\_\_\_

Other Information that might help us locate the records \_\_\_\_\_

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **For SNOCOM Use Only**

Request Received by \_\_\_\_\_ Date \_\_\_\_\_

Copies Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Date Sent \_\_\_\_\_ By \_\_\_\_\_ Total Charge \_\_\_\_\_

Start Time/Per CAD \_\_\_\_\_ Per Recorder: \_\_\_\_\_ Master DVD # \_\_\_\_\_

DVD Impounded \_\_\_\_\_ Add'l Information \_\_\_\_\_

Impound Update: Op# \_\_\_\_\_ Date \_\_\_\_\_ Contact \_\_\_\_\_