



TCOMM 911
POLICE | FIRE | MEDICAL
Your Emergency – Our Priority

THURSTON 9-1-1 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 at the rate of .15 cents per page. The minimum charge for audio reproductions is \$18.00 based on ½ hour reproduction time. You will be notified in advance of estimated charges.

Date: ___/___/___ Name: _____ Phone # _____

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 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: ___/___/___

Received By: _____ Via: In Person Phone Mail Fax

Approved for release by: _____ Date: ___/___/___

