

# REQUEST FOR 911 INFORMATION

Mail, Fax or bring written & signed request to:  
Kitsap County Central Communications (CENCOM)  
Stephanie Browning, Custodian of Records  
911 Carver Street ~ Bremerton, WA 98312  
Office Phone: (360) 307-5800 Office Fax: (360) 792-5982

## REQUESTOR'S INFORMATION

Request Date: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

All Requests will be fulfilled with the corresponding computer generated "Event Chronology" printout from the Computer Aided Dispatch System, if available, or data spreadsheets.

Incident Date(s): \_\_\_\_\_ Approximate Time: \_\_\_\_\_ Caller(s) Name: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Agency Case No.: \_\_\_\_\_ Event No.: \_\_\_\_\_ Officer's Name & No.(if known): \_\_\_\_\_

Requestor's Relation to Caller: \_\_\_\_\_ Suspects Name: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Other Information: \_\_\_\_\_

Is this information needed for court?  yes  no If yes, what is your court date? \_\_\_\_\_

Please fill out as much information as possible. If more than one call is being requested for this incident, please identify under "Other Information" the dates, phone number called from and appropriate time frames.

I understand that there may be charges for duplication of these specific records. If the request exceeds 2 pages, \$0.15 per page for standard photocopies will be charged. For files/audio on a CD-RW, \$5.00 will be charged. All payments are due at the time record is provided. Any information sent to an email will not be charged. Please specify in "Other Information" how you would like to receive information.

I understand that pursuant to RCW 42.56.520 a response will be sent within five (5) business days, either by providing the information requested, providing a reasonable estimate as to when the records will be available, or by denying the request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

~ FOR STAFF USE ONLY ~

DATE RECEIVED: \_\_\_\_\_ REQUEST NO.: \_\_\_\_\_  
RECEIVED BY:  phone  in person  mail  fax  
NUMBER OF PAGES: \_\_\_\_\_ CD-RW: \_\_\_\_\_  
COST: \_\_\_\_\_ DATE PAYMENT RECEIVED: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_