

REQUEST FOR 911 INFORMATION

User Agencies Only

Request approved by supervisor _____

Print name _____

Signature _____

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: _____ Phone # _____

Name: _____ Signature: _____

Mailing Address: _____

Email Address: _____

Audio for your request will be delivered in Wav File format via email. (Audio before 06/14/05 will be provided in cassette form) The CAD Event Chronology for your request is available via your user agency I/Netviewer connection therefore will not be provided by CENCOM.
(for assistance with I/Netviewer contact Mark Williams at 360-307-5850)

Incident Date: _____ Approximate Time: _____

Location of Incident: _____

Agency Case No.: _____ Officer's Name & No. (if known): _____

Caller(s) Name: _____

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" the dates, phone# called from, and approximate time frames.

Request Received By: _____ phone _____ in person _____ mail _____ fax