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 Kent, WA 98030
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ATTENTION: RACHAEL MILLER
 Public Records Specialist
 recordsrequest@valleycom.org
 (253)372-1553

REQUEST FOR INSPECTION OR DISCLOSURE OF PUBLIC RECORD

Name of person making request:	Date of Request:
Case # or Incident #:	Police or Fire Agency Involved:
Date of Incident:	Beginning Time:
Address/Location of INCIDENT:	
Name of Suspect(s)/Defendant:	
Victim:	Caller:
Documentation requested: <input type="checkbox"/> 911 Phone Call(s) <input type="checkbox"/> CAD Printout <input type="checkbox"/> 911 call(s) and CAD Printout <input type="checkbox"/> Other _____	
Specify what is requested: <i>Please note below if there is something specific you need or are looking for, i.e. transmissions between specific times or between specific officers, a specific phone call, etc. Or any other information that may help us in locating your record.</i>	

COMPLETE mailing Address for request to be sent:	Phone #:
	Fax #:
	Email:

In accordance with RCW 42.56.520, I acknowledge that this request will require up to 5 business days for response. At that time, Valley Communications will respond by either (1) providing the record; (2) acknowledging that the agency has received the request and providing a reasonable estimate of the time the agency will require to respond to the request; or (3) denying the public record request. I further understand that a fee of \$31.42 is payable to Valley Communications Center (cashiers check or money order only – no personal checks will be accepted) prior to the release of any recordings. The cost for copies of written records is \$.15 per page. Any charge less than \$3.00 will be waived.

Signature Person Requesting Information _____ **Date** _____

AGENCY USE ONLY	
Invoice Date: _____	MIS Search: _____
Reason, if any, for Redaction: _____	Offline Search: _____
	Impound: _____