

# Spokane County 911

## PUBLIC DISCLOSURE REQUEST FOR RELEASE OF 911 RECORDING

**PLEASE NOTE:** This request is made pursuant to the Public Records Act. In adherence with the retention schedule GS 50-29-01 as set by the Washington State archivist, master recordings of 911 calls will be kept for ninety days from the date of incident.

Requestor must claim the recording within thirty (30) days of notification to him/her that the recording was available. If the requestor or a representative of the requestor fails to claim the recording within the thirty (30) day period or make other arrangements, Spokane County 911 will close the request and re-file the assembled record.

**FEE:** The fee for a copy of each 911 Recording is \$17.00. All Recordings are made on CD. Do not enclose payment. Payment will be required at the time of pick up. Please make checks out to "Spokane County 911." Cash is only accepted if exact change is provided. We are unable to accept payment by credit card.

**NOTE FOR ATTORNEYS:** If this request is pursuant to the defense of a CRIMINAL CASE, please use the "Discovery Request" form. If this request is pursuant to a CIVIL CASE, but a criminal case is also pending reference the same incident, please check here.

REQUEST DATE: \_\_\_\_\_

REQUESTING PARTY INFORMATION			
Name (Please Print)	Telephone	Other Contact #	Email (optional)
Mailing Address		City, State, and Zip Code	

Please provide as complete and accurate information as possible. The more information provided, the more likely we will be able to locate the call.

INCIDENT INFORMATION		
Name of Caller	( ) Phone Number called from	Cell Phone? Y / N
Date of Call	Time of Call _____ am/pm	Type of Incident
Location of Incident	Police Report Number, if known	
Names of others involved	Additional info/names (Use back of page if necessary)	

TO BE FILLED OUT BY 911 STAFF ONLY	
911 REQUEST COMPLETION AND ACKNOWLEDGEMENT OF RECEIPT	
Date Requested Material Duplicated	911 Employee Name (Please Print)
Material Saved to Shared File: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Requested Material Received	Requestor Signature Acknowledging Receipt of Material
<b>Requested Material is not releasable for the following reason:</b> <input type="checkbox"/> The record does not exist <input type="checkbox"/> Beyond 90 day retention - The record is no longer available. <input type="checkbox"/> Witness/ Victim Protection <input type="checkbox"/> Effective Law Enforcement <input type="checkbox"/> Violates Right to Privacy <input type="checkbox"/> Other _____	