



**KITTCOM (KITTITAS COUNTY 911)**

700 ELMVIEW ROAD  
 ELLENSBURG, WASHINGTON 98926  
 509/925-8534 • FAX 509/925-8540

**Request for Public Records**

|  |                                  |
|--|----------------------------------|
| Name of person making request:   | Date:                            |
| Address:   | Phone Number:                    |
| City:  | Email:                           |
| State:   | I wish to: _____ Inspect records |
| Zip:   | _____ Receive a copy of records  |
| (Note: KITTCOM has no information for the State Patrol)                                |                                  |
| Request made: _____ in person _____ by phone _____ by fax _____ by email _____ by mail |                                  |

To assist us in answering your request accurately and promptly, **please be as specific as possible regarding the time, date, location of incident and agencies involved** in the space provided below. There is a \$.15 per page copy fee for 8.5 X 14 or smaller black and white copies, \$.50 per CD for recordings and any cost associated with mailing.

I have read and understand what information may be provided. Unless I am a member of an authorized Public Safety Agency, I agree to pay the applicable fees required to produce the information requested above.

Signature of requesting person \_\_\_\_\_ Date \_\_\_\_\_

For KITTCOM use only:

|  |
|--|
| Received by: _____(initial) on Date: _____           |
| Date action taken: _____ Person Taking action: _____ |