



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:

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