



KITTCOM (KITTITAS COUNTY 911)

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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)	
I wish to receive the records: _____ by mail _____ by email _____ I will pick them up	

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: _____
Request made _____ in person _____ by phone _____ by fax _____ by email _____ by mail
Date action taken: _____ Person Taking action: _____