



# Participant Records Request Form

NORCOM Public Records Specialist  
[records@norcom.org](mailto:records@norcom.org)  
425-577-5672 phone / 425-577-5701 fax

## Requestor information

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of request: \_\_\_\_\_  
Request authorized by: \_\_\_\_\_  
*(PD – Field supervisor / FD – BC)*

Delivery method:      Electronic      USPS      Pickup      Other:

Mailing address:  
*(if USPS)*

## Requested records

911 call audio      Radio traffic      CAD log

Other:

Reason for request:

## Incident information

*Please fill as much as possible*

Date of incident: \_\_\_\_\_ Approximate time: \_\_\_\_\_  
Type of incident: \_\_\_\_\_ Case or incident number: \_\_\_\_\_  
Incident address or location: \_\_\_\_\_

## Master recording hold request (optional)

Hold requested

*NORCOM's 911 and radio traffic recordings are automatically purged after 120 days. If you need the recordings held for this incident until further notice, please check this box.*