



MULTI AGENCY COMMUNICATIONS CENTER

6500 32ND AVENUE NE, SUITE 911

MOSES LAKE, WA 98837

Attn: Jennifer Kriete-PRO

j.kriete@macc911.org

(509)793-1797

FAX (509)793-1796

**REQUEST FOR DISCLOSURE OF PUBLIC RECORDS –
VOICE RECORDING ON CD ONLY**
(TO BE FILLED OUT FOR CITIZEN'S REQUEST)

DATE OF REQUEST: _____

REQUESTED BY:

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

Complete as much of the following information as possible to assist MACC in locating the incident.

Date of Incident: _____

Time of Incident: _____

Agency (s) involved: _____

Case Number: _____

Address of the Incident: _____

Names of the participants: _____



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Specify as clearly as possible, what exactly needs to be recorded: (Examples: 1) Incoming telephone call only, 2) All radio traffic from the start of the incident until officers advise the subject is in custody, 3) The three (3) telephone calls made to E9-1-1 by "citizen's name".)

Date CD is needed: _____

Signature of Person accepting CD

Print Name

Date

NOTE: The rate for the cost of copies is fifteen cents (\$.15) per page. (Records Policy)

If the recording is not found at the time specified, we will search 30 minutes previous to the time indicated and 30 minutes past the time indicated.

Original recordings are kept for a period of 90 days. After 90 days, the original recording is erased.

If your request is not exempt from the Public Disclosure Act, your recording will be completed as soon as possible and can be picked up. Payment is due upon receipt of the CD.

-----MACC ADMINISTRATIVE USE ONLY-----

MACC EMPLOYEE RECEIVING THIS REQUEST:

Name _____ Date _____