

SNOPAC
9-1-1 Request Form

Attention: Laurie Goodwin
Email: lgoodwin@snopac911.us
Phone (425) 407-3923
Fax (425) 407-3969

PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME: _____
REQUESTING AGENCY: _____ DATE OF REQUEST: _____
YOUR MAILING ADDRESS: _____
CONTACT NUMBER: _____
DATE OF INCIDENT: _____ APPROXIMATE TIME: _____
LAW OR FIRE AGENCY CASE/INCIDENT NUMBER: _____
LOCATION OF OCCURRENCE: _____
PHONE NUMBER FROM WHERE THE CALL WAS MADE: _____

The following will be needed:

_____ 9-1-1(s) call only
_____ Radio traffic from _____ hours to _____ hours

Additional comments/instructions: _____

(Signature)
Requesting Officer/Party

(Signature)
Requesting Authority (Supervisor)

MASTER RECORDING IMPOUND REQUEST

NOTICE TO THE REQUESTOR: Each day of SNOPAC master communications recordings are erased and recycled every ninety (90) days, unless impounded.

I request that the SNOPAC recordings on _____ (date) be impounded for event number _____ and held for evidence until further notice.

(Signature)
Requesting Officer/Party

(Date)

(Signature)
Approving Authority (Supervisor)

(Date)