Klamath Communications District
Open Records Request Form

Step 1: Fill in the appropriate box.

**Citizen Request:**
Name: __________________________ Phone: __________________
Address: ______________________________________________

**Attorney’s Request:**
Name: __________________________ Phone: __________________
Address: ______________________________________________
Firm Name: __________________________________________
Request is for a Criminal Case Yes / No ______ Request is for a Civil Case Yes / No ______

**Government Request:**
Name: __________________________ Phone: __________________
Address: ______________________________________________
Agency Name: __________________________________________

Step 2: Fill in everything you know about the incident.

**Details of the Incident:**
CAD Event # if known: __________________
What was the 911 call about? ___________________________________________________________
Where did the incident happen? __________________________________________________________
When did the incident happen? Date: __________ Time: __________
Who called 911? Name: __________________________ Phone number: __________________________
Who were the parties involved? __________________________________________________________

Step 3: Tell us what you want.  

**Type of Request:**
AUDIO of calls processed by 9-1-1 Yes ___ No ___
CAD Print out Yes ___ No ___
Other Research (explain) Yes ___ No ___
________________________________________________

Step 4: Return completed form.

Fax: 541 884-5026  
Email: jgibson@kc911.us  
Mail: KC-911, PO Box 999,  
Klamath Falls, OR 97601  
In person: 335 S. Spring St,  
Klamath Falls