

**Alert Data Entry Form**  
**Information Needed to Activate and Alert**  
[AMBERAlertRequest@wsp.wa.gov](mailto:AMBERAlertRequest@wsp.wa.gov)  
**Call 360-688-0700 to confirm receipt of email**  
(\*Indicates required field)

**Alert Type:**

<b>Law Enforcement Agency Contact Information</b>	
*Requesting Agency:	*24 hr LEA Phone#:
	24 hr Public Phone# (NOT 911):
*Reporting Officer Email:	*Reporting Officer Phone#:
*Data Provided By:	*Authorizing Officer:
*Authorizing Officer Rank:	*Authorizing Officer Badge#:

<b>Incident Details</b>		
*Case Number:	*Date of Last Contact:	*Time of Last Contact:
*Incident Summary:		
Address (or Cross Streets):		
City:	*County:	*Zip Code:

<b>Victim/Child Information (Electronic Photo is available)</b>					
*Name(Last, First):	*Date of Birth:	*Age:	Race:		
Gender:	*Height:	*Weight:	*Eye Color:	*Hair Color:	
Identifying Features: (i.e. glasses, hair style, scars/marks/tattoos):					
*Last Seen Wearing:					

<b>Suspect Information (Electronic Photo if available)</b>					
Name:	Date of Birth:	Age:	Race:		
Gender:	Height:	Weight:	Eye Color:	Hair Color:	
Identifying Features (i.e. glasses, hair style, scar/marks/tattoos):					
*Last seen wearing:					

<b>Vehicle Information (An internet search of similar vehicles will provide a photo if none available)</b>			
Color:	(Approx.)Year:	Make:	Model:
Style:	License:	State:	
Additional Vehicle Information:			
Requested Area of Activation for DOT Highway Signs (i.e. north-west Washington, Western Washington, Eastern Washington):			

Electronic / JPEG Photos send to: [AMBERAlertRequest@wsp.wa.gov](mailto:AMBERAlertRequest@wsp.wa.gov)