Alert Data Entry Form Information Needed to Activate and Alert

AMBERAlertRequest@wsp.wa.gov

Call 360-688-0700 to confirm receipt of email

(*Indicates required field)

Law Enforcement A-	onay Cantar	t Information				
*Requesting Agency:	ency Contac	.t iniormation	*24 hr LEA	Phone#		
				lic Phone# (I	NOT 911)·	
			241111 001	ile i none# (i	101 311).	
*Reporting Officer Email:			*Reporting Of	fficer Phone	#:	
Data Provided By:		*Authorizing Officer:				
*Authorizing Officer Rank:			*Authorizing Officer Badge#:			
Incident Details						
*Case Number:		*Date of Last Co	untact:		*Time of Last Contact:	
Incident Summary:		Date of Last Co	miaci.		Time of Last Contact:	
Address (or Cross Streets): City:		*County:		*Zip Code:		
	. /=! -	•		Z1	7 Code.	
	tion (Electror	•	ilable)	21	, couc.	
/ictim/Child Informat	tion (Electror	•	ilable)	*Age:	Race:	
/ictim/Child Informat Name(Last, First):	tion (Electror	nic Photo is avai	*Eye Colo	*Age:		
/ictim/Child Informat *Name(Last, First): Gender:	*Height:	*Date of Birth:	*Eye Color	*Age:	Race:	
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Victim/Child Informat *Name(Last, First): Gender: Identifying Features: (i.e. gl *Last Seen Wearing: Suspect Information (I	*Height: lasses, hair style, Electronic Pho :: asses, hair style,	*Date of Birth: *Weight: , scars/marks/tattoo oto if available) Date Weight: scar/marks/tattoos	*Eye Color: of Birth: Eye Color: 5): ar vehicles will	*Age:	Race: *Hair Color: Race: air Color: a photo if none avenue of the second colors of the sec	ailable)

Electronic / JPEG Photos send to: AMBERAlertRequest@wsp.wa.gov