

# Alert Data Entry Form

## Information Needed to Activate an Alert

[AMBERAlertRequest@wsp.wa.gov](mailto:AMBERAlertRequest@wsp.wa.gov)

**Call 360-688-0700 Follow up email to confirm receipt**

(\* Indicates required field)

**Alert Type:** Select One

<b>Law Enforcement Agency Contact Information</b>		
*Requesting Agency:	*24 hr Phone #:	

<b>Reporting Officer *Email/Phone #:</b>	
*Data Provided By:	*Authorizing Officer:
*Authorizing Officer Rank:	*Authorizing Officer Badge #:

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

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

<b>Suspect Information (Electronic Photo if available)</b>				
Name:		Date of Birth:	Age:	Ethnicity:
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):			