

REQUEST FOR 911 RECORDS

MEADE COUNTY 911

NAME: _____ TITLE: _____

AGENCY: _____

MAILING ADDRESS: _____

DATE REQUESTED: _____ PHONE #: _____ / _____

TYPE OF RECORDS REQUESTED (check all that apply):

DISPATCH SYNOPSIS (CAD) LOG: _____ 911 TELEPHONE: _____ POLICE RADIO: _____

FIRE RADIO: _____ EMS RADIO: _____ EMS DIRECT (TELEPHONE): _____

PREFERRED MEDIA (select one):

CD ROM _____ * E-MAIL _____

* E-MAIL ADDRESS: _____

** It may not be possible to fulfill some requests via e-mail, due to file size restrictions established by our internet provider!*

INCIDENT DATA: DATE: _____ TIME FRAME: from: _____ to: _____

ADDRESS/LOCATION OF INCIDENT: _____

NATURE OF INCIDENT: _____

PERSON(S) INVOLVED: _____

JUVENILE(S) INVOLVED: _____

AGENCY(S) INVOLVED: _____

REASON FOR REQUEST: COURT: _____ INVESTIGATION: _____ PRESS: _____

OTHER: _____

* A minimum of three (3) working days (*after approval*) are required for research and preparation of records. Please indicate the date that you would like the records delivered by: _____

I the undersigned do hereby certify that the contents of this record will be used in conjunction with the official business of my agency and/or for the purpose expressed above. I fully understand that any other use or disclosure may expose me or my agency to civil or criminal liability.

Signature: _____

Date: _____

This section is for office use only!

INCIDENT REQUEST # _____ County Attorney Fax #: 270-422-1300

DISPOSITION OF REQUEST: APPROVED _____ DISAPPROVED _____

If disapproved please explain why: _____

County Attorney's Signature: _____

Date: _____

*** Please fax/deliver to Meade County 911 Center after signing at 270-422-4684 ***