



Request for 911 Records

Today's Date: _____ Person Making Request: _____

Title/Position and Agency: _____

Daytime Phone #: _____ Email Address: _____

Mailing Address: _____

Date of incident: _____ Time or range of incident: _____

Purpose of request: _____

Specific record requested:

Audio recording of telephone calls: _____

Audio recording of radio traffic (which agency): _____

Call / Incident Reports and Logs: _____

Additional Descriptors of the Situation:

Name of caller: _____

Name of other persons involved: _____

Address/Location of the incident: _____

Phone number of caller in incident: _____

Description of incident: _____

Signature of Person Making Request: _____

All records will be provided as data sent via email, or on CD-R media, requiring the use of a computer with Windows XP or later to listen to / view the records.