

TROUP COUNTY E-9-1-1 COMMUNICATIONS CENTER
REQUEST FOR DOCUMENTS/AUDIO RECORDING

SUZANNE NOLES, DIRECTOR
302 VERNON STREET
LAGRANGE, GA 30240
OFFICE (706) 883-1700
FAX (706) 883-1666

NOTE: ALLOW THREE (3) BUSINESS DAYS TO COMPLETE REQUEST

Requestor's Name: _____ Phone # (____) _____

Requestor's Address _____ City _____ State _____ Zipcode _____

PLEASE CHECK BELOW TO WHICH ITEM IS BEING REQUESTED:

____ Phone Call /CAD Sheet _____ Phone Call (S) Audio Cassette Recording # Of Copies _____
____ Radio Log/CAD History _____ Radio Traffic Audio Cassette Recording

Date needed: ____/____/____ Reason For Request: _____

*****IMPORTANT INFORMATION NEEDED FROM REQUESTOR: *****

Incident Location: _____ Apt: _____

Date Of Incident: ____/____/____ Time Of Call: _____ Case #: _____

Nature Of The Incident: _____ Caller's Name: _____

FOR CITIZENS

Signature Of Requestor: _____ Date: _____

FOR PUBLIC SAFETY/GOVERNMENT PERSONNEL

I CERTIFY THAT THE INFORMATION FROM THESE DOCUMENTS/AUDIO RECORDINGS WILL BE USED IN THE CONDUCT OF OFFICIAL BUSINESS OF MY AGENCY AND FOR THE SOLE PURPOSE DESCRIBED ABOVE. I FULLY UNDERSTAND THAT ANY OTHER USE OR DISCLOSURE MAY EXPOSE MY AGENCY AND ME TO LEGAL AND CRIMINAL LIABILITY.

Signature Of Requestor: _____ Date: _____

IF BELOW RANK OF CORPORAL, MUST HAVE OIC/SUPERVISOR'S SIGNATURE

Signature Of OIC/Supervisor: _____ Date: _____

OFFICE USE ONLY _____ **OFFICE USE ONLY** _____ **OFFICE USE ONLY** _____

Call Taker (S): _____ Phone Position (S): _____ Number Of Calls Received _____

Radio Dispatcher (S): _____ Radio Position (S): _____ Radio Traffic (From _____ To _____)

Signature of Person Making Documents/Audio Recordings: _____ Date: _____

PERSON RECEIVING DOCUMENTS/AUDIO RECORDINGS TO SIGN BELOW:

Signature Of Person
RECEIVING Documents/Audio Recordings: _____ Date: _____

Signature Of Person (911)
RELEASING Documents/Audio Recordings: _____ Date: _____