



# Stephens County 911 Open Records Request Form

Today's Date: \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

**Type(s) of record(s) you are requesting:**

CAD report (911 call on paper) (\$.10 per copy if applicable.)  
Please provide CAD or CASE # if possible: \_\_\_\_\_

Recording of 911 call on disc (NOTE: \$20.00 per disc)

Radio Traffic

Other:

\_\_\_\_\_  
\_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_  AM  PM

Location of incident: \_\_\_\_\_

Address call came from: \_\_\_\_\_

Phone number call came from: \_\_\_\_\_

Type of incident (fight, domestic, etc.): \_\_\_\_\_

**Please check how you will be receiving your open records request:**

In Person (will need ID)  Fax (Please provide fax #: \_\_\_\_\_)

Email (Please provide email address: \_\_\_\_\_)

Mail

I understand that there could be charges associated with my Open Record Request. I also understand that the record will not be released until payment is received. I also understand that the law allows 3 business days from the time the request is received to receive a response and that a response does not necessarily mean the record itself.

Requestor's Printed Name: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

Requestor's Phone Number: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_