



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: _____