

Open Records Information Request

Please fax to 229-937-2105 or email jenglish@mfre911.com or mail to the address listed above

Sheet must be filled out in it's entirely before information can be released.

Telephone Request Date/Time: _____

Request made in Person Time: _____

Requestor Name and Title: _____

Requestor Agency: _____

Requestor Phone Number: _____

Type of Records Requested: AUDIO _____

PRINTOUT _____

Name of Individual (victim/suspect) _____

Date of Incident: _____

County where occurred: _____

Case Number (if available): _____

Reason for Request (must include address of the call):

9-1-1 Center Employee who pulled the information:

Signature of Requestor: _____

Released by: _____

Date: _____