

**Open Records Information Request**

**Please fax to 229-937-5105 or email [jenglish@mfre911.com](mailto:jenglish@mfre911.com) or mail to the address listed above**

*Sheet must be filled out in it's entirety 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: \_\_\_\_\_