TUCKER COUNTY 911 COMMUNICATIONS CENTER

REQUEST FOR THE RELEASE OF A

CAD INCIDENT DETAIL

AND/OR

A RECORDED COPY FROM THE MASTER LOGGING RECORDER

Date of Request:		
I,	, request a copy	of the 911 Center CAD Incident Detail
Ι,	, request a copy	of the 911 Center Master Recording.
The information requested will	be dated	, beginning at
hours and endi	ng at	hours.
The information requested is in	reference to:	
To determine more specific, de contact	etailed information	relative to this request 911 Staff may
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The information contained or	n the requested m	naterials will be used for official
departmental business.		
Signature		