

Habersham County E-911

REQUEST FOR DOCUMENTS/TAPES

Name: _____ Phone #: () _____

Address: _____
Street # City State Zip Code

Documents requested: _____ # of copies: _____

Tape request: () review on site () tape copy () hold original for evidence

NOTE: The 3 days required by law starts the first business day after the request is received

This includes all requests for 9-1-1 records. Reason for request:

Records requested: **(BE SPECIFIC)** address, date, time, agencies/individuals, nature of incident, phone numbers, caller's name, case number (if available) any other information related to incident.

The undersigned is hereby responsible for all charges which includes \$26.18/per hour, \$.10 per page minimum 4 pages and for any CD's used at a rate of \$10.00 per CD. To pull a report will be a \$ 5.00 fee. The estimated cost is to be paid upfront by cash or check (made out to Habersham County) at the time of the request.

Name of requestor: _____ Date: _____

FOR PUBLIC SAFETY AGENCY USE ONLY

I certify that the information from these documents/tapes will be used in the conduct of official business of my agency and for the sole and express purpose outlined above. I fully understand that any other use or disclosure may expose my agency and me to legal and criminal liability.

Signature: _____ Date: _____

Department Representative: _____ Date: _____

Habersham County E-911
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