

**TIPTON COUNTY EMERGENCY
COMMUNICATIONS DISTRICT**

220 Highway 51 N, Suite 4
Covington, TN 38019
(P) 901-476-0252
(F) 901-475-4362

Request Date: _____

Request Pickup Date: _____

**911 Recording/Documentation
Public Records Request Form**

Please fill out the requested information and mail or fax back to the above location. There is a \$20.00 per hour research fee for all recordings and .15 cents per copy of print outs. If mailed the requestor will be responsible for postage fees. **All request can take 1-7 days.**

Please make checks payable to: **Tipton County E911**

Please list information below:

Requestor's Name: _____ Address: _____

Contact Number: _____ Agency if applies: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Description of Incident: _____

Name of Individuals involved in incident: _____

Additional Comments: _____

Please check the type(s) of media you are requesting:

- CD
- CAD print outs

Please check the type(s) of audio you are requesting:

- Radio Only
- 911 Phone Call(s) Only
- Phone & Radio Traffic

Delivery preference:

- On-Site Pick-Up
- Electronic
- USPS First-Class Mail
- Other: _____

IF THE REQUEST IS PART OF DISCOVERY YOU WILL NOT BE ABLE TO OBTAIN THE REQUESTED INFORMATION. YOU OR YOUR ATTORNEY WILL HAVE TO CONTACT THE DISTRICT ATTORNEYS OFFICE