Darlington County E-911 Communications Center

Request Per the Freedom of Information Act

Requested Date: **Time:** **Received By:** **Date:** **Time:**

REQUESTED BY:

Name:

Address: **City:** **State:** **Zip:**

Telephone:

Incident Information: **Sheriff** ☐ **Police:** ☐ **EMS/Rescue:** ☐ **Fire:** ☐

Incident Type: **Case #:**

Incident Location: **Incident Date/Time:**

Person(s) Reporting Incident:

How was incident reported: ☐ **Telephone** ☐ **In Person, Explain**

If by telephone, was the call reported to 9-1-1 or another number?

Caller's Telephone #: **Cell** ☐ **Home** ☐ **Business** ☐ **Payphone** ☐

INFORMATION REQUESTED:

CAD Report ☐ **911 Print Out** ☐ **Telephone Conversation** ☐ **Radio Conversation** ☐

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Person Making Copies: **Date:** **Time:**

Authorizing Manager: **Date:** **Time:**

Information Received By: **Date:** **Time:**

Information Released By: **Date:** **Time:**

FEES SCHEDULE FOR REQUESTED INFORMATION

CAD (Computer Aided Dispatch) Report	Minimum Charge: $5.00 - includes up to 2 pages & an hour research
911 Print Out	Minimum Charge: $5.00 - includes up to 2 pages & an hour research
Audio Recording of Telephone Conversation	Minimum Charge: $20.00 - includes tape & an hour research
Audio Recording of Radio Information	Minimum Charge: $20.00 - includes tape & an hour research

Note: Additional charges may apply for additional copies, reports, tapes or more than an hour of research time.

RECEIPT **DATE** **CHARGED AMOUNT: $**

Received From: **Amount Collected: $**

COLLECTED BY:

DEPOSIT TO ACCOUNT: **FORWARDED TO ADM & FINANCE ON:** **BY:**