



NORTHEAST MISSOURI EMERGENCY COMMUNICATIONS CENTER

Public Safety Agency Request for Copy of 911 Records
NOT FOR USE BY THE GENERAL PUBLIC OR PRIVATE COUNSEL

Date of Incident: _____ Time of Incident: _____

Incident Type: _____ Incident Number: _____

Location of Incident: _____

Information Requested:

CAD Record 911 Audio Telephone Audio Other _____

Radio Traffic ➡ Please indicate channel(s) _____

NOTE: Requests for radio traffic that do not include the channel names(s) above will be considered incomplete and radio traffic will not be provided.

Comments: _____

Reason Requested: _____

Request Response: You must supply a valid email address to which we can respond to your request. In most cases you will either receive the record(s) as an attachment, or you will receive a link to download the record(s). If additional information is needed or if the request is denied, this will be the email address to which that response is sent.

Email Address _____

Requested by: _____ Agency: _____

Signature: _____ Date: _____

Requesting Agency Supervisor Approval: _____

SIGNATURE AND DATE – MUST BE LIEUTENANT OR HIGHER

Submit via confidential fax to (573) 603-8200 or via email to records@nemo911.gov

PLEASE **DO NOT FAX TO DISPATCH** – THIS FORM SHOULD BE TRANSMITTED TO 911 ADMINISTRATION DIRECTLY

NECOMM Records Use Only

Date Received By Records Custodian: _____

Approved Denied - Reason: _____ Other: _____

Records Custodian Signature: _____ Date: _____

Retrieval By: _____ Date: _____ Response Sent By: _____ Date: _____