



McDuffie County Communications Center

MCDUFFIE COUNTY COMMUNICATIONS CENTER
OPEN RECORDS REQUEST FORM

Today's Date: _____ Time: _____

NOTE: IF YOU ARE REQUESTING A CALL ON A DISC, YOU MUST EITHER PICK UP IN PERSON OR SEND/LEAVE A SELF ADDRESSED/SELF STAMPED ENVELOPE WITH A CD CASE.

Type(s) of record(s) you are requesting:

☐ CAD report (911 Call on paper)

Please provide REPORT/CASE # if possible: _____

☐ 911 Recording (ALL RECORDINGS WILL BE EMAILED UNLESS OTHERWISE NOTED)

Please provide REPORT/CASE # if possible: _____

☐ Other _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Phone # call came from: _____ Other: _____

Please check how you will be receiving your open records request:

☐ In Person (Will need ID) ☐ By Fax (Please provide fax # _____)

☐ By Email (Email address: _____)

☐ By Mail (**SELF ADDRESSED/STAMPED ENVELOPE WITH CD AND CASE**)

Requester's Printed Name: _____

Requester's Address: _____

Requester's Phone Number: _____

Requester's Signature: _____

Received By: _____ Date: _____