

(Place on your agency's letterhead)

RECORDS REQUEST FORM

DATE OF REQUEST: _____

REQUESTING PERSON: _____

AGENCY NAME: _____

MAILING ADDRESS/DIVISION: _____

EMAIL ADDRESS: _____ CONTACT PHONE #: _____

AGENCY CASE NUMBER (If applicable): _____

Pursuant to 45 C.F.R. s. 164.512, the above named agency certifies that the information request is relevant and material, specific and limited in scope, and de-identified information cannot be used.

INCIDENT DATE: _____ TIME: _____

NATURE OF CALL (Vehicle Crash, Domestic, Theft, Fire, Heart Attack, Etc.): _____

LOCATION: _____

INCIDENT PHONE # (not required): _____

FIRE DEPT INCIDENT # (not required): _____
(Cannot research by any other agency #)

TYPE OF RECORD(S) REQUESTING (PLEASE CHECK):

☐ 911 Call

☐ CAD Notes

☐ F.D. Radio Traffic

**If requesting Radio Traffic, how much is needed? _____

☐ OTHER (Explain): _____

☐ **CALL FOR PICKUP WHEN READY**

☐ **MAIL WHEN READY**

Please send your requests for records related to 9-1-1 calls answered within Pinellas County to:

EMAIL: 911records@pinellascounty.org FAX: 727-464-3265 PHONE: 727-464-3835	INTEROFFICE: Regional 9-1-1 Public Safety Campus Bldg 1, 3 rd Floor, Ste 343 Attn: 9-1-1 Records Custodian	U.S.P.S. MAIL: Pinellas Regional 9-1-1 Attn: 9-1-1 Records Custodian 10750 Ulmerton Rd Bldg 1, Suite 343 Largo, FL 33778
---	--	--