



# WILLIAMSON COUNTY DEPARTMENT OF EMERGENCY COMMUNICATIONS

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## REQUEST FOR COPY OF COMMUNICATION RECORDS

DATE OF REQUEST: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ INCIDENT /CASE NUMBER: \_\_\_\_\_

PERSON OR DEPARTMENT MAKING REQUEST: \_\_\_\_\_

ADDRESS OF REQUESTOR: \_\_\_\_\_

REQUESTOR A TENNESSEE CITIZEN: YES NO PROOF OF TN CITIZENSHIP MAY BE REQUESTED PRIOR TO PROCESSING REQUEST

ADDRESS OF INCIDENT:

TIME OF INCIDENT BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_  
(PLEASE BE AS SPECIFIC AS POSSIBLE & USE 24 HOURS TIME)

INCIDENT DESCRIPTION INCLUDING PERSON / PERSONS INVOLVED:

PLEASE CHECK WHAT YOU WISH TO BE COPIED: COMPUTER AIDED DISPATCH REPORT  TELEPHONE  RADIO TRAFFIC

DEPARTMENT: \_\_\_\_\_ NUMBER OF COPIES REQUESTED: \_\_\_\_\_

EMAIL      EMAIL ADDRESS:

POSTAL MAIL ADDRESS:

The records custodian is required to take one of the following actions within seven (7) business days: make the records available to the requestor; deny the request in writing, providing the basis of the denial; or provide the requestor a written explanation of the time reasonably necessary to produce the records. Tenn. Code Ann. § 10-7-503(1)(2)(B).