



# Marion-Lewis County Emergency Services

Michael D. Hall, Executive Director  
3246 Highway 61 • Hannibal, Missouri 63401  
9-1-1 Administration / Addressing (573) 221-1121  
Voice/TDD (573) 221-1806 • FAX (573) 221-0694  
<http://www.marion911.com>

## 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 / Telephone Audio  Other  \_\_\_\_\_

Radio Traffic  Please indicate frequency/channel(s) \_\_\_\_\_

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*

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**9-1-1 Administration Use Only**

**Date Received:** \_\_\_\_\_

Request Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Copy Made By: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_