



LINCOLN COUNTY EMERGENCY SERVICES

250 W. College St. Troy, MO 63379 | PH: 636-528-6100 | Fax: 636-462-2804

Web: <http://www.lincolncounty911.com> | E-Mail: info@lincolncounty911.com

REQUEST FOR INFORMATION

(PLEASE PRINT)

_____			____/____/____
NAME (FIRST & LAST)			DATE OF REQUEST
_____			(____) _____ - _____
MAILING ADDRESS			PRIMARY CONTACT NUMBER
_____	_____	_____	(____) _____ - _____
CITY	STATE	ZIP CODE	SECONDARY CONTACT NUMBER

EMAIL ADDRESS			



ALL ESTIMATED RESEARCH & COPY COST FEES ARE DUE AT THE TIME OF REQUEST. PAYMENT MUST BE IN THE FORM OF CHECK OR MONEY ORDER. SHOULD THE ACTUAL COST FOR RETREIVING RECORDS EXCEED THE ESTIMATED RESEARCH & COPY COST, PAYMENT OF THE DIFFERENCE WILL BE DUE PRIOR TO RECEIVING RECORDS. SHOULD THE ACTUAL COST FOR RETREIVING RECORDS BE LESS THAN THE ESTIMATED RESEARCH & COPY COST, REIMBURSEMENT FOR THE DIFFERENCE WILL BE ISSUED.

IF BOTH AUDIO AND DISPATCH LOGS ARE REQUESTED, ONLY 1 HOURLY RESEARCH FEE WILL BE CHARGED
***"911" TELEPHONE REPORTS ARE INACCESSIBLE TO THE GENERAL PUBLIC (RSMO 610.150)**

TYPE OF REQUEST - CHECK ALL THAT APPLY

- AUDIO
\$25.00/HOUR RESEARCH FEE, PLUS COST OF DIVICE
- DISPATCH LOG (CAD ENTRY/REPORT)
\$25.00/HOUR RESEARCH FEE, PLUS \$.10 PER PAGE

OTHER:
\$25.00/HOUR RESEARCH FEE, PLUS \$.10 PER PAGE
(IF SELECTING OTHER, PLEASE DESCRIBE THE RECORDS AS SPECIFICALLY AS POSSIBLLE INCLUDING DATES IF POSSIBLE.)



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AUDIO AND DISPATCH LOG REQUEST DETAILS

1. _____ / _____ / _____ : _____ AM/PM _____
 INCIDENT DATE INCIDENT TIME INCIDENT TYPE

INCIDENT LOCATION OR ADDRESS

2. _____ / _____ / _____ : _____ AM/PM _____
 INCIDENT DATE INCIDENT TIME INCIDENT TYPE

INCIDENT LOCATION OR ADDRESS

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PLEASE SELECT A DELIVERY METHOD

DELIVERY OPTION: EMAIL IN PERSON PICK UP USPS
 (CHECK ONE)

IF RECORDS ARE TO BE DELIVERED VIA USPS, COST FOR SHIPPING WILL BE INCLUDED IN THE ESTIMATED AMOUNT DUE.

OFFICE USE ONLY

FOR IN PERSON PICK UP: _____ / _____ / _____
 RECEIVED BY DATE

\$ _____ \$ _____ \$ _____
 ESTIMATED AMOUNT DUE ADDITIONAL FEE TOTAL AMOUNT DUE

\$ _____ CHECK # _____ MONEY ORDER # _____
 AMOUNT PAID

_____ / _____ / _____
 COMPLETED/PROCESSED BY DATE