



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) *INCLUDE DSN IF APPLICABLE*			DATE OF REQUEST
_____			(____) _____ - _____
MAILING ADDRESS			PRIMARY CONTACT NUMBER
_____	_____	_____	(____) _____ - _____
CITY	STATE	ZIP CODE	SECONDARY CONTACT NUMBER

EMAIL ADDRESS			

**AS PER SECTION 610.150. OF THE MISSOURI SUNSHINE LAW REGARDING
"911" TELEPHONE REPORTS INACCESSIBLE, EXCEPTIONS:**

"Except as provided by this section, any information acquired by a law enforcement agency or a first responder agency by way of a complaint or report of a crime made by telephone contact using the emergency number, "911", shall be inaccessible to the general public. However, information consisting of the date, time, specific location and immediate facts and circumstances surrounding the initial report of the crime or incident shall be considered to be an incident report and subject to section 610.100. Any closed records pursuant to this section shall be available upon request by law enforcement agencies or the division of workers' compensation or pursuant to a valid court order authorizing disclosure upon motion and good cause shown."

TYPE OF REQUEST - CHECK ALL THAT APPLY (CONTINUED ON PAGE 2)

PLEASE COMPLETE IF REQUESTING AUDIO	
LAW ENFORCEMENT AGENCY: _____	GOOD CAUSE JUSTIFICATION (INCLUDE INCIDENT NO. AND CASE NO. IF APPLICABLE): _____ _____ _____
OFFICE USE ONLY	
LCES EXECUTIVE DIRECTORS APPROVAL: _____	____/____/____ DATE



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TYPE OF REQUEST (CONT.) - CHECK ALL THAT APPLY

911 AUDIO** "911" TELEPHONE REPORTS ARE INACCESSIBLE TO THE GENERAL PUBLIC (RSMO 610.150)

\$25.00/HOUR RESEARCH FEE, PLUS COST OF DEVICE

NON-EMERGENCY LINE AUDIO

\$25.00/HOUR RESEARCH FEE, PLUS COST OF DEVICE

RADIO TRAFFIC AUDIO

\$25.00/HOUR RESEARCH FEE, PLUS COST OF DEVICE

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 POSSIBLE BELOW, INCLUDING ANY DATES.)

AUDIO AND DISPATCH LOG REQUEST DETAILS

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

INCIDENT LOCATION OR ADDRESS

NAMES/PHONE NUMBERS ASSOCIATED WITH INCIDENT

ADDITIONAL INCIDENT INFORMATION:

"OTHER" RECORDS REQUEST DETAILS

(PLEASE DESCRIBE THE RECORDS AS SPECIFICALLY AS POSSIBLE INCLUDING ANY DATES)



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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 RETREAIVING RECORDS BE LESS THAN THE ESTIMATED RESEARCH & COPY COST, REIMBURSEMENT FOR THE DIFFERENCE WILL BE ISSUED.

IF ANY COMBINATION OF RECORDS ARE REQUESTED, ONLY ONE HOURLY RESEARCH FEE WILL BE CHARGED.

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

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

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

ELECTRONIC DELIVERY: _____
EMAIL ADDRESS SENT TO

_____/_____/_____
DATE SENT VIA EMAIL

IN PERSON PICK UP: _____
RECEIVED BY

_____/_____/_____
DATE PICKED UP

COMPLETED/PROCESSED BY _____
DATE