

MIDDLE FLINT REGIONAL E9-1-1 AUTHORITY
POST OFFICE BOX 449
ELLAVILLE, GEORGIA 31806
Phone (229) 937 2265
Fax (229) 937 5105

Open Records Information Request

Sheet must be filled out in it's entirely before information can be released.

Telephone Request Date/Time: _____

Request made in Person Time: _____

Requestor Name and Title: _____

Requestor Agency: _____

Requestor Phone Number: _____

Type of Records Requested: AUDIO _____

PRINTOUT _____

Name of Individual (victim/suspect) _____

Date and Time of Incident: _____

County and Address where incident occurred:

Case Number (if available): _____

Reason for Request (must include address of the call):

Information to be Mailed or Emailed: _____

Mail or Email Address:

9-1-1 Center Employee who pulled the information:

Signature of Requestor: _____

Released by: _____

Date: _____