



Pendleton County E-911 Dispatch Center

Open Records Request Form

Date of Request:

Type of Request: ☐ CAD ☐ Digital CD

Requestor Information:

Agency of Requestor:

Name of Requestor:

Address:

City:

State:

Zip:

Phone:

Reason for Request:

Incident Information:

Date:

Time:

Address/Location of Incident:

Incident Details:

Dispatch Information:

Request: ☐ Approved ☐ Denied

Date:

Reason Request Denied:

Request Provided

in Full: ☐ Yes ☐ No

Requestor

Contacted: Date:

Time:

Notes or
Additional
Information:

Release Information:

Signature of Person Releasing Request: _____

Date Person Received Request: _____

Person Receiving Request (Print): _____

Signature of Person Receiving Request: _____