



POLICE FIRE EMS

708 W Avenue O • Belton, Texas 76513
Office (254)933-5500 • Fax (254) 933-5937

REQUEST FOR (CHECK ALL THAT APPLIES):

<input type="checkbox"/>	CHRONOLOGY
<input type="checkbox"/>	RECORDING OF 9-1-1 CALL
<input type="checkbox"/>	RECORDING OF RADIO TRAFFIC

REQUESTOR'S CONTACT INFORMATION (Please Print)

Your Name:	Telephone No.
Agency (if applicable):	Secondary Telephone No.
Email Address:	Complete Physical/Mailing Address:

DESCRIPTION OF INCIDENT (Please Print)

Date and Approximate Time of Incident:	Location/Address of the Incident:
City:	Type of Complaint:
Name(s) of Person(s) Involved:	Describe Any Specific Information Needed:

I certify that this information is requested for official business in accordance with the Texas Open Records Act. I understand that unauthorized dissemination of the requested information could subject me and/or my agency to civil or criminal penalty. By law, this agency has 10 days to respond to your request.

Fees

Non-Law Enforcement Agencies or Businesses: \$10.00 for pickup or \$14.75, if mailed.

Private Citizens: \$10.00 for pickup or \$14.75, if mailed (no personal checks and/or invoicing). Please include payment with request. (Credit Card payments are now accepted. Additional Fees will apply. Please call 254-933-5500)

Law Enforcement Persons or Agencies: CD replacement for each transaction request.

Preparation

How would you like your transaction request prepared (Please check One):

CD

E-mail Email Address: _____

(Email is sent by .wav file-if call is long and cannot be transmitted by email you will be notified)

Signature of Requestor:	Date:
Picked Up By:	Date:

(For BCC Use Only)

Notified to Pick Up By:	Date/Time:
Released By:	Date/Time: