



E-911

5 GOVERNMENT PLAZA • ROME, GEORGIA 30161
PHONE: 706.236.4543 • www.romefloyd.com

Today's Date _____/_____/20____		CHECK THE TYPE OF RECORD YOU ARE REQUESTING <input type="checkbox"/> Computer Printout of 911 call(s) <input type="checkbox"/> Audio copy of 911 call(s) CHECK ONE BOX BELOW <input type="checkbox"/> Email records to the email address provided <input type="checkbox"/> Pick up records in person
PLEASE PRINT (REQUESTOR) Name _____ Phone # _____ Email _____ Records may be emailed to you at no charge depending on quantity and research time involved. You will be contacted if there is a charge associated		**Note: CAD Records prior to January 2012 are not available** **Note: Audio Records prior to the current date in the year 2016 are not available.
Use this box if you know the specific date of the 911 call Date: _____/_____/_____	Use this box for the specific time or range of times of the 911 call(s) Specific Time _____ or From _____ to _____	
Use this box to check a range of dates for 911 call(s) Dates: From _____/_____/_____ to _____/_____/_____		
Location of 911 Call _____ City _____		
Phone # that called 911: _____ Nature of 911 call: _____		
Name(s) of subject(s) involved: _____		
<p>I understand that, pursuant to O.C.G.A. § 50-18-71, I may be charged administrative and copying fees for the cost to search, retrieve, copy and supervise access to the requested documents. This fee represents the hourly rate of the lowest paid full-time employee with the necessary skill and training to respond to my request, with no charge for the first fifteen minutes that it takes to respond to the request. The charge for CAD Reports is generally \$1.00 each regardless of the number of pages generated unless otherwise provided by law. The charge for all audio recordings is \$3.00 for each Compact Disk. I agree to pay all copying and/or administrative costs incurred with fulfilling my open records request. I further certify by my signature that I will not use the obtained records pertaining to this request in any manner that would be in violation of any Georgia State Law.</p>		
_____ Signature of Requestor	_____ Floyd County E-911 Records Custodian	
_____ Print Name	_____ Date	
I acknowledge that I have received the requested records		
*Pursuant to the Georgia Open Records Act this agency has three (3) business days to provide the requested records to you unless there are extenuating circumstances. *You will be notified when the records are available or if there are any extenuating circumstances that may delay the production of the records.		This Area is For Official Use Only-to be completed by County Representative No. of CAD Reports _____ @ \$1.00 each = \$ _____ No. of C D's: _____ @ \$3.00 each = \$ _____ Date: _____ Administrative Fee = \$ _____ Receipt # _____ Total Amount Due = \$ _____

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