

BANKS COUNTY EMA / E-911 REQUEST FOR DOCUMENTS/TAPES

DIRECTOR: DEIDRA MOORE
DEPUTY DIRECTOR: ANGELA GAILEY
150 HUDSON RIDGE SUITE ONE
HOMER, GEORGIA 30547

REQUESTER NAME: _____ PHONE #: () _____

ADDRESS: _____
STREET # CITY STATE ZIP CODE

DOCUMENTS REQUESTED: _____ NUMBER OF COPIES: _____

TAPE REQUEST: () REVIEW ON SITE () TAPE COPY () HOLD ORIGINAL FOR EVIDENCE

NOTE: THE 3 DAYS ALLOWED BY LAW STARTS THE FIRST
BUSINESS DAY AFTER THE REQUEST IS RECEIVED.
THIS INCLUDES ALL REQUESTS FOR 9-1-1 RECORDS.

REASON FOR REQUEST: _____

RECORDS REQUESTED: **(BE SPECIFIC)** ADDRESS, DATE, TIME, AGENCIES/INDIVIDUALS, NATURE OF INCIDENT, PHONE NUMBER,
CALLER'S NAME, CASE NUMBER (IF AVAILABLE) ANY OTHER INFORMATION RELATED TO INCIDENT.

I CERTIFY THAT I UNDERSTAND THAT THE UNDERSIGNED IS HEREBY RESPONSIBLE FOR ALL CHARGES ON THE ATTACHED SHEET. THIS INCLUDES AN HOURLY CHARGE OF \$20.44 (ANY WORK THAT TAKES FIFTEEN MINUTES OR LESS WILL NOT INCUR AN HOURLY CHARGE BUT ALL OTHER CHARGES STILL APPLY), A COST OF \$.10 PER PAGE/TEXT AND A COST OF \$5.00 EACH FOR ANY TAPES OR COMPUTER DISK. NO MATERIAL WILL BE RELEASED UNTIL FEES ARE PAID IN FULL EITHER BY CHECK, CASHIERS CHECK OR MONEY ORDER MADE PAYABLE TO BANKS COUNTY COMMISSIONERS.

I FURTHER CERTIFY THAT THE INFORMATION FROM THESE DOCUMENTS/TAPES WILL BE USED IN THE CONDUCT OF OFFICIAL BUSINESS OF MY AGENCY OR OF MY PERSONAL LEGAL / OFFICIAL MATTER AND FOR THE SOLE AND EXPRESS PURPOSE OUTLINED ABOVE. I FULLY UNDERSTAND THAT ANY OTHER USE OR DISCLOSURE MAY EXPOSE ME TO LEGAL AND CRIMINAL LIABILITY.

SIGNATURE: _____ DATE: _____

DEPT REP: _____ DATE: _____

BANKS COUNTY EMA / E-911 COST WORKSHEET

(FOR OFFICE USE ONLY)

THE TOTAL COST LISTED BELOW MUST BE PAID PRIOR TO RECEIVING THE REQUESTED RECORDS, TAPES, OR REPORTS. IT MUST BE PAID BY CASH, CHECK, CASHIERS CHECK OR MONEY ORDER. MAKE CHECKS PAYABLE TO THE BANKS COUNTY BOARD OF COMMISSIONERS.

THE FOLLOWING ARE THE COSTS INCURRED IN COMPLYING WITH YOUR REQUEST FOR COPIES OF BANKS COUNTY EMA / E-911 RECORDS, TAPES OR REPORTS UNDER § O. C. G. A. 50-18-70.

THE UNDERSIGNED UNDERSTANDS THAT IF THE PREPARATION, COPIES, ETC. EXCEEDS THE ESTIMATED COST THERE MAY BE ADDITIONAL CHARGES BEFORE THE REQUESTED INFORMATION WILL BE RELEASED.

ALL MATERIALS MUST BE PICKED UP AT THE BANKS COUNTY EMA / E-911 CENTER WITHIN 10 BUSINESS DAYS AFTER MATERIAL IS PREPARED OR IT MAY BE MAILED TO YOU UPON PAYMENT. THE 911 CENTER WILL PREPARE THE MATERIAL WITHIN THE ALLOWED THREE DAY PERIOD AFTER THE OFFICIAL REQUEST IS MADE, IF THERE IS ANY PROBLEM THAT PREVENTS THE MATERIAL FROM BEING READY WITHIN THREE DAYS, THE DIRECTOR OR DESIGNEE WILL COMMUNICATE THIS TO THE REQUESTING PARTY. THE REQUESTOR MUST PICK UP THE MATERIAL OR THE REQUESTOR'S DESIGNEE MUST PRESENT A LETTER FROM THE ORIGINAL REQUESTOR GIVING THE PERMISSION TO PICK UP THE DOCUMENTS. ID WILL BE REQUIRED BEFORE ANY INFORMATION IS RELEASED.

	<u>TIME OF PREP OR QUANTITY OF COPIES / MATERIAL</u>	<u>FINAL COST</u>
PREP TIME = \$20.44 / HR. (>1=\$0.00)	_____	_____
COST PER COPY \$.10 EACH	_____	_____
CASSETTE TAPE/CD \$5.00 EACH	_____	_____
NOTARIZE DOCUMENTS \$2.00 EACH	_____	_____
	GRAND TOTAL =	_____

DATE OF OFFICIAL REQUEST: _____
(THIS IS THE DATE THAT THE REQUEST FOR DOCUMENTS / TAPES FORM WAS COMPLETED.)

DATE OF ANTICIPATED COMPLETION: _____
(THIS IS A DATE THAT SHOULD BE WITHIN 3 DAYS AS ALLOWED BY LAW. IF WE ARE UNABLE TO COMPLETE IT WITHIN THIS TIME FRAME, WE WILL EXPLAIN IT BELOW AND LET THE REQUESTOR KNOW.)

REASON FOR DELAY (IF OVER 3 DAYS): _____

DATE OF ACTUAL COMPLETION: _____

DEPARTMENT REPRESENTATIVE: _____ DATE: _____

FOR OFFICE USE ONLY

INCIDENT / CAD NUMBER: _____

INCIDENT LOCATION: _____

INCIDENT DATE & TIME: _____