



WASHINGTON COUNTY
Department of Emergency Management

JOSEPH WOOD
County Judge

JOHN LUTHER
Coordinator

9-1-1 TAPE REQUEST RELEASE
Contact Information for Notification

(Individual Requesting Tape) Name: _____

Email: _____ Phone: _____

9-1-1 Tape Description

You are hereby authorized to release a tape of a 9-1-1 call made on

_____ at _____ A.M./ P.M. in reference to _____

Date

Time

Type of Call (Plain Language)

Call made from: Cell Phone Land Line

Officer: _____ Suspect: _____

Caller: _____

Address of incident (if known): _____ City: _____

The PSAP (Public Safety Answering Point) may deny or delay release of this call if there is an ongoing investigation by local, state or federal authorities.

Authorized PSAP Signature

DEM Office Use Only			
Fay	<input type="checkbox"/>	Spr	<input type="checkbox"/>
CEMS	<input type="checkbox"/>	WCSSO	<input type="checkbox"/>

John Luther 9-1-1 Coordinator

_____ Approved _____ Denied _____ Date _____ PSAP