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: _____

2275 Hwy 27 N, Falmouth, KY 41040
Phone: (859) 654-1930/6927 Fax: (859) 654-6547 Email: pcema@blueone.net