

**COLUMBIA 9-1-1 COMMUNICATIONS DISTRICT  
RELEASE OF PUBLIC RECORD AUTHORIZATION**

**REQUIRED AUTHORIZATION**

**Agency Authorization:**

Prior to the release of any Public Record documents, the release must be approved by the Public Safety agencies involved. Obtain the authorization prior to submitting this form with required fees to Columbia 9-1-1 Communications District.

Requests without the required authorization will not be processed until the authorization is obtained. It is the responsibility of the person submitting the request to obtain the appropriate signature(s).

<b>Name of Agency:</b>	<b>Print Name:</b>	<b>Authorized Signature:</b>
<b>Name of Agency:</b>	<b>Print Name:</b>	<b>Authorized Signature:</b>
<b>Name of Agency:</b>	<b>Print Name:</b>	<b>Authorized Signature:</b>

**Date/Time of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Type of Incident:** \_\_\_\_\_

**Agency Involved (Case Number if available):** \_\_\_\_\_

**Record Requested:**  Phone Record  Radio Record    **Record Format:**  Cassette Tape  CD-R

**Photocopy:**  Printed Record  Certification Statement

**What time frame is needed:** \_\_\_\_\_

**Requesting Party:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Representing:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*- Office use only -*

**Copied/Printed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Minimum Chg:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Additional Chg:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Receipt #:** \_\_\_\_\_

**Court:** \_\_\_\_\_

**Sent Certified Mail:** \_\_\_\_\_ **Date Sent:** \_\_\_\_\_

**Copy Received by:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Representing:** \_\_\_\_\_