

**DEPARTMENT of EMERGENCY COMMUNICATIONS
NASHVILLE, TENNESSEE**

NOTE: Requester is to complete the form to the double line, then forward to the Department of Emergency Communications / Support Section.

SELECT: DA / POLICE

CITIZEN / ATTORNEY

MEDIA

NON-AGENCY REQUEST

REQUESTER NAME

EMAIL:

TELEPHONE NUMBER

REQUESTER ADDRESS

STREET

CITY, STATE, AND ZIP CODE

DATE OF INCIDENT

TIME OF INCIDENT

LOCATION OF INCIDENT

COMPLAINT OR INCIDENT #

NATURE OF INCIDENT

COMPLAINANT'S NAME

COMPLAINANT'S PHONE NUMBER

CHECK ITEMS

TELEPHONE AUDIO

RADIO AUDIO

CAD REPORT

AGENCY REQUEST

ASSGN:

ENO:

REASON FOR REVIEW (CHECK APPROPRIATE BOXES):

CRIMINAL INVESTIGATION

INTERNAL INVESTIGATION

INVESTIGATION OF INCIDENT

OTHER (EXPLAIN BELOW)

VERIFICATION OF INFORMATION

TRAINING NEEDS

REQUESTING EMPLOYEE SUPERVISOR'S APPROVAL:

MPD - CAPTAIN OR ABOVE

(PURSUIT TAPE REQUESTS - LIEUTENANT OR ABOVE)

NFD - DISTRICT CHIEF OR ABOVE

OUTSIDE AGENCIES - CHIEFS, GROUP SUPERVISORS, OR MANAGEMENT LEVEL COMMAND

SIGNATURE AND TITLE

DATE

***** Department of Emergency Communications Use Only *****

RESEARCHED BY:

SIGNATURE

DATE

THE ABOVE DESCRIBED MATERIALS WERE RELEASED TO:

SIGNATURE OF RECEIVER

DATE

TIME

CHARGES (when applicable)

Basic Set Up: \$5.00 Research: _____ minutes @ 40¢ per minute (total cost: \$_____)

Total amount due: \$_____

E-mail Form to: ECC SUPPORT (eccsupport@nashville.gov) or Fax it to: (615) 401-6386