

Date submitted: _____

DEPARTMENT OF EMERGENCY COMMUNICATIONS NASHVILLE, TENNESSEE		
NOTE: Requester is to complete the form to the double line and then forward to the Dept. of Emergency Communications / Support Section 2060 15th Avenue South Nashville, Tennessee 37212		
REQUESTER NAME	DAY TIME PHONE	EMAIL:
REQUESTER ADDRESS _____		
CITY	STATE	ZIP CODE
DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT
COMPLAINT OR INCIDENT #	NATURE OF INCIDENT	
COMPLAINANT'S NAME		PHONE NUMBER CALL RECEIVED FROM
CHECK ITEMS THAT NEED DUPLICATED:		
TELEPHONE AUDIO	RADIO AUDIO	CAD REPORT
REASON FOR REVIEW AND/OR DUPLICATION (CHECK APPROPRIATE BOX):		
CRIMINAL INVESTIGATION	VERIFICATION OF INFORMATION	
OTHER (EXPLAIN):		
*** DEPARTMENT OF EMERGENCY COMMUNICATIONS USE ONLY ***		
APPROVED DISAPPROVED	BY: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> NAME DATE </div>	
APPROVED BY:		RESEARCHED BY:
SIGNATURE	DATE	SIGNATURE
DATE		DATE
THE ABOVE DESCRIBED MATERIALS WERE RELEASED TO:		

SIGNATURE OF RECEIVER	DATE	TIME
CHARGES		
BASIC SET UP	\$5.00	RESEARCH _____ @ \$.40 A MINUTE
TOTAL AMOUNT DUE: _____		