

Date submitted: \_\_\_\_\_

<b>DEPARTMENT of EMERGENCY COMMUNICATIONS NASHVILLE, TENNESSEE</b>		
<b>NOTE:</b> Requester is to complete the form to the double line, 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 AND 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 <input type="checkbox"/>	VERIFICATION OF INFORMATION <input type="checkbox"/>	
OTHER (EXPLAIN):		
*** EMERGENCY COMMUNICATIONS USE ONLY ***		
APPROVED <input type="checkbox"/>	BY: _____	
DISAPPROVED <input type="checkbox"/>	NAME	DATE
APPROVED BY: _____		RESEARCHED BY: _____
SIGNATURE	DATE	SIGNATURE      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: \$ _____		

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