



ATHENS COUNTY 911 PUBLIC RECORDS REQUEST FORM

Dan Pfeiffer, Director
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Return this form to:

Melissa Fowler-Dixon, Administrative Assistant

Email: melissa@athens911.com Fax: 740-592-5370

Mail: 13 W. Washington Street, Athens, Ohio 45701 Phone: 740-592-3273

Note: Completing this form will help in contacting you if there is a question about your request. Providing the specific information requested will result in a quicker turnaround time.

Name and Contact Information		
Name:	Business Name:	
Email:	Phone:	Fax:
Address:		
City:	State:	ZIP Code:
Information Requested		
<input type="checkbox"/> 911 Call <input type="checkbox"/> Radio Traffic <input type="checkbox"/> Other (explain):		
How should we provide this information?		
<input type="checkbox"/> Email (FREE) <input type="checkbox"/> CD (\$3.00) <input type="checkbox"/> Jump Drive (\$7.00)		
If you are requesting a CD or a Jump Drive, applicable fee MUST accompany request.		
Location (where did this incident occur):		
Address:		
Name of person on the recording who made the 911 call:		
Name:		
Name of any other person(s) involved in this matter:		
What is this call concerning? (i.e., domestic, traffic accident, homicide)		
Date/Time of Occurrence:		
Date:	Time: _____ (Use MILITARY time ONLY)	
You MUST answer this question regarding this request. Failure to answer this question may delay our response time.		
You may not use this service to avoid the "discovery" process. You must contact the Prosecutor's office for records regarding a criminal case.	Is this request for records regarding a CRIMINAL CASE? _____ (This question MUST be answered on all request)	