YCDES USE ONLY:

Tracking #: _____

CFS #: _____

York County 9-1-1
Department of Emergency Services
Request for Information

DISCLAIMER: All requests must be submitted and/or authorized by the highest-ranking individual within the requesting agency. Forms that are submitted without proper completion could result in delays processing the request or the decision to not process the request at all. Please print clearly and return completed forms to Tia Neal – Customer Service/Quality Control Specialist via e-mail at tnneal@ycdes.org.

Please fill in the following information:

Incident Date: _____ Time: _____ Call Type: _____

Location: _____

Municipality: _____

Items to be included: *Check all that apply* ( ) Telephone Audio ( ) CAD Report ( ) Agency Statistics/Historical Data*

( ) Radio Audio – Specify: ( ) Police / ( ) Fire / ( ) EMS / ( ) Dispatch Only / ( ) All

**Format in which statistical and/or historical data is provided will vary dependent upon information being requested and capabilities of reporting software.*

Provide a brief description of the information you are requesting: _____

_____

_____

_____

Requestor's Information:

Name & Title: _____ (PRINT) Date: _____

Authorized By: _____ (PRINT) Email: _____

_____ (SIGN) Phone: _____

Agency Name: _____

Reason for Request: ( ) Investigation ( ) Court ( ) Other _____

YCDES USE ONLY:

Reviewed By: _____ Date: _____

Reviewer Remarks: _____

_____

_____

Signature of Customer Service Specialist: _____

Individual Accepting Document(s): Name: _____ Date & Time: _____

Signature: _____

NOTICE: the information provided in accordance with this request is confidential and except for evidentiary purposes in legal proceedings, it is for internal use by the requestor only and may not be copied, reproduced or otherwise provided to any outside third party without the specific written consent by an authorized agent of the County of York.

Revised: 7/16/2020