Submit by E-mail

PUBLIC INFORMATION REQUEST

I _____ of _____
(Print Complete Name) (Address)

_____, _____ _____, hereby request under the
(City) (State) (Zip Code)

Georgia Open Records Act the following information or records kept by the Augusta 9-1-1 Center.

Information requested:

☐ Dispatch information for: _____

from _____ to _____.

☐ Recording information for Incident #: _____

Date: _____ Location: _____

☐ Other information (specify type): _____

from _____ to _____.

☐ Requestor's Contact Number: _____ Fax: _____

_____ _____
(Received By) Date

_____ _____
(Released By) Date

Augusta 9-1-1 Communication Center
911 4th Street - Augusta, GA 30901
(706) 821-1242 – Fax (706) 821-1243
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