

## Perquimans County, North Carolina Request for 911 Public Records Information

Name of Requestor: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Note: All 911 tapes, digital recordings and text messages generated by 911 calls are destroyed after 6 months. Computer-aided dispatch (CAD) reports listing date of call, contents of call, location of call, name of unit dispatched and other related information is destroyed after 3 years, in accordance with the County Management Records Retention Schedule.)

**I would like copies of the information and document(s):**

Release of the requested information is governed by North Carolina General Statute N.C.G.S. 132.1.4(c)(4). Perquimans County Emergency Services cannot release information or documents that reveal the name, address, telephone number or other information that may identify the caller, victim or witness.

The Perquimans County Emergency Services Communications Supervisor will review all requests for 911 Public Records Information, will contact the requestors of such information as soon as possible and, to the extent allowed by state and federal law, will release such information within a reasonable amount of time from the date of the request for information.

The Perquimans County Emergency Services Communications Supervisor is the only person authorized to review requests for 911 Public Records Information and is the only person authorized to release requested information. In the event the Communications Supervisor is absent or otherwise unavailable or unable to review and respond to requests for information, the Telecommunicator on duty shall make attempt to contact the Communications Supervisor by telephone to receive telephonic permission to release the requested information. In the event the Communications Supervisor cannot be contacted, the Telecommunicator on duty will contact the County Manager regarding the request for information and the County Manager will review and respond to the request for information.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form in person to 159 Creek Drive, Hertford, NC, by email to [Admin911@perquimanscountync.gov](mailto:Admin911@perquimanscountync.gov), or by fax to 252-426-2049.**