

EMERGENCY COMMUNICATIONS DEPARTMENT
COUNTY OF HANOVER
(Virginia Freedom of Information Act-Request)
Authorization Form for the Release of Computerized and Recorded Information

REQUESTOR'S NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBERS: W _____ H _____ FAX _____

INFORMATION REQUESTED: _____

DATE OF REQUEST: _____ TIME OF REQUEST: _____

MEANS OF REQUEST: (Check one) IN-PERSON _____ TELEPHONE _____ WRITTEN _____ COURT ORDER _____

DATE/TIME OF INCIDENT (S): _____

DEPARTMENT AFFECTED: _____

TYPE OF INFORMATION: CHECK ONE: TAPE _____ CAD DOCUMENT _____ BOTH _____

INCIDENT NUMBER (S) _____

RECEIVED BY (NAME/PCN) _____ PROCESSED BY (NAME/PCN) _____

DEPARTMENT/AGENCY REVIEW

(Check One): Sheriff's Office _____ Fire / EMS _____ Animal Control _____ APD _____ Other _____

SIGNATURE _____ DATE _____

IF INFORMATION CANNOT BE RELEASED, STATE REASON: _____

(Completed by Communications)

DATE RELEASED: _____ RELEASED BY: _____

RECEIVED BY - SIGNATURE: _____

CHARGE FOR INFORMATION

Total Research Hours _____ Total Number Tape (s) _____ Total Copies _____

(Research time: \$20.00 Per Hour + \$6.00 Per Tape or CD) (Copies: .25 per copy – after 20th copy)

(Hours + Tapes + Copies) = TOTAL DUE: _____ (Checks will be made out to Hanover County)

PAID: CASH/AMOUNT: _____ CHECK NUMBER/AMOUNT: _____

DATE SENT TO TREASURERS OFFICE _____ NAME/PCN _____

