



## Marshall County E-911 Communications

23 Homer Lucas Ln  
Benton, KY 42025  
Office (270)527-1333  
Fax (270)527-4370

### Request for 911 Record(s)

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Brief Description of Incident:  
\_\_\_\_\_  
\_\_\_\_\_

Is the requestor a resident of Kentucky?      YES              NO

Section Requested (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> CAD Printout        | <input type="checkbox"/> Fire Frequency   |
| <input type="checkbox"/> Telephone Recording | <input type="checkbox"/> Police Frequency |
| <input type="checkbox"/> EMS Frequency       | <input type="checkbox"/> DES Frequency    |

Advised Marshall County Attorney's Office of Request:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person: \_\_\_\_\_

- Granted                                       Denied

**\*\*\*\*OFFICE USE ONLY\*\*\*\***

Request filled by: \_\_\_\_\_ Date: \_\_\_\_\_

Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If not a law enforcement officer, fire chief, DES or EMS director, all requests will be presented to the Marshall County Attorney's Office for approval unless ordered by the Court. FORM-0032 Open Records Request Form*