## **DILLON COUNTY E-911**

## Request per the Freedom of Information

Request Date				
REQUESTED BY:				
Name:				
Address:	City		State:	Zip:
Telephone:				
INCIDENT INFORMATION: Sheriff:	Police:	EMS/	Rescue:	Fire:
Incident type:	Case number:			
Incident location:	Incident date/time:			
Person reporting incident:				
How was incident reported? By p	ohone	In person,	explain	
If by telephone, was the call reported to 9	9-1-1 by another n	umber oth	ner the num	ber listed above?
Caller's telephone number:		Cell	Home	Business
INFORMATION REQUESTED:				
CAD Report	911 Print o	ut		Radio Conversation
911 Call	Telephone Conversation			
Information Released by:	Date:			
Information Received by:	Date:			
FFE SCHEDULE FOR REQUESTED INFORM	ATION			

- CAD (Computer Aided Dispatch) Report minimum charge \$20.00 includes up to 2 pages & 1 hr. research
- E-911 Print out minimum charge \$20.00 includes up to 2 pages and 1 hr. research per CAD.
- Audio recording of 911 call minimum charge \$35.00 and up to 1 hour of research
- ADDITIONAL CHARGES MAY APPLY FOR ADDITIONAL COPIES, REPORTS, CDS & MORE THAN 1 HR. RESEARCH

## ALL CHECKS OR MONEY ORDERS NEED TO BE MADE PAYABLE TO:

Dillon County E-911

P.O. Box 327

Dillon, SC 29536

**TELEPHONE INQUIRIES:** 843-774-1458 fax: 843-841-3718