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**INSPECTION OF PUBLIC RECORDS RELEASE FORM**

DATE OF REQUEST: Choose Date

**\*\*PLEASE LIST PERTINENT INFORMATION WITH REASONABLE PARTICULARITY AND SPECIFICS AS THIS AIDS REDA IN LOCATING THE EXACT RECORDS REQUESTED\*\***

**\*\* THIS FORM CAN BE FILLED OUT, PRINTED AND FAXED BACK TO REDA @ 1-888-820-5311 OR EMAILED TO dispatch@eddy911.com\*\***

**TO: THE REGIONAL EMERGENCY DISPATCH AUTHORITY** 

I,  AM MAKING REQUEST FOR THE FOLLOWING: 

(PRINT REQEUSTOR’S NAME)

Agency Records

Requested:

My Phone Number:  My Email Address: 

This request involves the following person(s):

1.   

Last Name First Name MI

1.   

Last Name First Name MI

Please supply the address of the incident(s) being requested:

 ,  

Street Number City State Zip

The records being requested are for a single incident # , which took place on: Incident date (List Incident/Report #, if known)

State the time of the incident      :      

The records being requested are for multiple incidents that took place from the date of Start Date to End Date

The known incident #’s are as follows:   

I agree to pay the amount accessed for the records /recordings at the rate of $.50 per page for paper documents and $10 each for CD’s with audio recordings.

If the charges will exceed $, please call me to advise of the cost so that I may evaluate whether or not my request will be withdrawn due to costs. I understand that all fees are paid in advance and no documents or audio recordings will be made and supplied until payment is received.

I also understand that REDA has 5 business days to provide the costs information (if above the stated limits) or the copies requested. If there is a need for expedited services, please articulate the situation and the date required here: