

INFORMATION RELEASE REQUEST FORM



To submit a request for information, complete the INFORMATION RELEASE REQUEST FORM below with as much information as possible. Please include the type of incident (wreck, robbery, fire, etc.), date and time of the incident, and location of the incident. Also indicate the type of information desired – copy of phone call, printed copy of call information, etc. The requesting party will be contacted regarding fees involved. Fees will not be charged for examination of public records during normal business hours.

PLEASE NOTE: *Per Louisiana Revised Statute 44:3, for any incident for which there is a pending criminal court case or for which a criminal court case is not public record, records may only be obtained through court order or subpoena.*

TANGIPAHOA 911 CONTACT INFORMATION



OFFICE

211 Campo Ln.
Amite, LA 70422



MAIL

PO Box 505
Amite, LA 70422



PHONE

(985) 747-0911



FAX

(985) 748-8977

DIRECTOR: DENNIS DAROUSE
daroused@tangi911.org

Form on page 2. Please allow 72 hours for this information to be obtained by our office. Thank you.

INFORMATION RELEASE REQUEST FORM



DATE:

REQUESTOR INFORMATION

Requestor's Name:

Business/Agency:

Address:

Email:

Phone: - -

Ext.

Fax:

Attn:

Reason for request:

INFORMATION REQUESTED

Type: Log sheet Recording Your Case/Incident Number:

Date of Call:

Time of Call:

A.M. / P.M.

Caller's Phone:

(From which the call originated)

- -

Call Type:

Name Listed on Phone Number:

(Name of caller or name phone is listed under)

Location of Call:

Location of Incident:

(If different from call location)

Names of Involved Parties:

Incident Description:

Authorized Signature and Title:

FOR OFFICE USE ONLY

Obtained by:

Date:

Approved by:

Date: