# Kannapolis Police Department Public Records Request



Requesting Person:		Date of Request:		
Telephone Number:		Email:		
Driver's License Number / State		(for Identification Verification Only)		
Type of Information Requested:		Computer Aided Dispatch (CAD) Report		
Type of Call:	□Fire	Date Range for CAD Report(s): Date of 911 Call / Incident: am pm Time of 911 Call / Incident: am pm		
Location of Incid	ent:			
Call Number (If I	Known):	Agency Case number (If Known):		
Name of Originating Caller (If known):				

You are not required to disclose the purpose or motive for this request; however disclosing the general contents of the call is needed to help locate and retrieve the requested information.

# GENERAL CONTENTS OF CALL:

NOTE: Copies of 911 recordings will be provided by email or copied onto CD-R and sealed for delivery to the requesting party. Please select the preferred format.

Contents that reveal the name, address, telephone number, or any information that may identify the caller, victim, or witness will be deleted from the tape recording. When information that is not a public record is deleted from a tape recording, the law enforcement agency shall make clear that a deletion has been made.

Records of criminal investigations conducted by public law enforcement agencies or records of criminal intelligence information compiled by public law enforcement agencies are not public record as defined by North Carolina General Statute 132-1. Law enforcement video recordings are not public record and can only be released by a court order pursuant to North Carolina General Statute 132-1.4A.

The Kannapolis Police Department does not maintain any tape recording of 911 calls for more than 365 days from the date the call was received, unless a court of competent jurisdiction orders a portion sealed, or the tape is retained as evidence in a criminal investigation.

#### Signature of Requesting Person

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the **City of Kannapolis**, should contact the office of **Heather James**, **Human Resource Director**, by phone at 704-920-4322 or by email at <u>hjames@kannapolisnc.gov</u> as soon as possible but no later than 48 hours before the scheduled event.

### \*\*\*\*\*\*\*\*\*\*\*\*FOR INTERNAL PURPOSES ONLY\*\*\*\*\*\*\*\*\*\*\*

#### Search Result:

Yes	No	911 Call Located
Yes	No	Audio Dubbed Successfully
Yes	No	Computer Aided Dispatch Call Record Attached
Yes	No	Computer Aided Dispatch Record for Requested Date Range Located

A copy of the requested audio recording was provided to the requesting person.

A copy of the requested CAD Call for Service was provided to the requesting person.

A CAD report for the requested location was provided to the requesting person for the date range.

The requesting person was notified of the unsuccessful attempt to locate and retrieve requested information and an explanation provided as indicated below.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Name of Official Providing Requested Information or Notice

SUPPLEMENTAL INFORMATION:

## Acknowledgement of Receipt of Recording:

By my signature I hereby acknowledge receipt of the requested audio recording or other document as described herein.

Signature of Receiving Person