



Washington County Emergency Communications District

4722 Lake Park Drive, Johnson City, Tennessee 37615
(423) 979-1500 wc911.org



REQUEST FOR INFORMATION

Any request for information (Radio/Telephone/Data) that has been deemed public information will be released to anyone requesting the information after the proper forms, photo id checked, and fees paid to the Washington County Communications District (WCECD). Exceptions to this policy are those prescribed by law. Included in the exception category is information in an active, ongoing criminal investigation; information regarding the identify of persons deceased where the next of kin has not been notified; employee medical and psychological information; proprietary information; and information declared confidential by court order. After a request is made, WCECD will attempt to notify any agency involved to ensure that the requested information does not belong in the exception category.

Request forms are available from the WCECD office during regular business hours. Unless denied – All Requests will be available within 7 business days after the form and fees are submitted. Requested information may be picked up only during regular business hours. Business hours are 8:00-4:30 PM Monday thru Friday excluding holidays. The District reserves the right to destroy documents not picked up within 60 days of request and any monies received are non-refundable. Returned check fees will be incurred at the rate the District is charged by the bank and all future transactions must be paid in advance by cash.

In accordance with state laws regarding open records, a fee may be charged for the reproduction of records, documents, recordings and other materials and information. The fee schedule is as follows and may be amended by the Board of Directors of the Washington County Emergency Communications District, as necessary.

AUDIO RECORDING FEE SCHEDULE:

Research & Setup Fee	\$35.00*
Recording on CD (or other Media-including Email) & CAD Call Printout	\$40.00
Additional CD or other Media	\$40.00
Additional CAD Report(s) or Printouts	\$1.00 per page

The District DOES NOT provide a transcript of audio recordings. Recordings are retained for 3 years.

PRINTED REPORT FEE SCHEDULE:

Computer Aided Dispatch (CAD) Call Report (or) Call Detail Record (CDR) Report	\$5.00
Report for Police, Fire, or Medical responses to a single incident/CDR is a printout showing a call to 9-1-1.	

Premise History Report	\$25.00* plus \$1.00 per page
Maximum up to 75 pages and then \$0.25 per page. This charge is per premise and up to 1 year.	

Monthly Premise History	\$15.00 per month – 2 Month minimum*
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Special Request Reports	\$25.00 Per Hour (Minimum 1 hour) plus \$1.00 per page*
Maximum up to 75 pages and then \$0.25 per page. This will include archived information (over 3 years old), requested CAD or CDR report that does not include specific information, or special developed reports.	

***FEE MUST BE REMITTED WITH REQUEST AND IS NON-REFUNDABLE**

MAILING ADDRESS: Washington County ECD E-911
4722 Lake Park Drive
Johnson City, Tn 37615

Revised 2/10/2021.



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PUBLIC RECORDS REQUEST FORM

Please print clearly & fill out as much information as possible.

Requestor Name: _____

Address: _____

Contact Phone: _____

Request Type:

☐ Inspection ☐ Audio ☐ Printout CAD or CDR ☐ Premise History ☐ Other

If costs for copies are assessed, the requestor has a right to receive an estimate. Do you wish to waive your right to an estimate and agree to pay copying and duplication costs in an amount not to exceed \$ _____?
If so, initial here: _____.

Delivery preference: ☐ On-Site Pick-Up ☐ USPS ☐ Email - Email Address: _____

Records Requested: (This must be completed)

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____

Specifics of Incident: Please include telephone number call originated from, type of call, and other details pertaining to this call:

Signature of Requestor

Signature of Staff

We accept Cash or Checks. Please make checks payable to - Washington County ECD or WCECD 9-1-1
FEE MUST BE SUBMITTED WITH REQUEST AND IS NON-REFUNDABLE

FOR OFFICE USE ONLY:

DATE SUBMITTED: _____ DATE COMPLETED: _____ DATE RELEASED: _____

<input type="checkbox"/> ID Checked	\$ _____ Cash/Check _____	Research /Setup Fee
	\$ _____ Cash/Check _____	Audio Recording Fee
	\$ _____ Cash/Check _____	CAD or CDR
Total Hours: _____	\$ _____ Cash/Check _____	Premise History - Total Pages _____
Total Pages: _____	\$ _____ Cash/Check _____	Special Report / Other

\$ _____ Total Payment Receipt # _____