Muskogee City County 9-1-1
**Request for Records**
**Phone: 91s-682-6911 / Fax: 918-577-6934**
**520 Court Street. Muskogee, Oklahoma 74401**
**email: openrecords@mcc911.org**

We provide records in accordance with applicable State and Federal open records and freedom of information laws. Recordings that contain patient protected information in accordance with HIPAA US Code 45 CRF 160-164 will not be released without authorization of release from Muskogee County EMS HIPAA Compliance Officer and/or a a Court Order. We also maintain private without Court order criminal history, driver's license, license plate registration information, victim's name(s) and contact information, and juvenile information in compliance with US Codes 18, 2721-2725, 42, 40S(c)(2)(viil(l) and Department of Justice Regulations Title 28 C.F.R. Part 20. Once the information is turned over to the requester it is the sole responsibility of the requesting entity and/or person to ensure that any such protected information obtained which is required to be kept confidential under law will be kept confidential and used only for the purposes that they were allowed by the Open Record Act, FOIA Laws and/ or Court order from **a** Court of Law. Muskogee City County 911Trust Authority, it's agents and employees are not responsible for this information once it has left our custody. By submitting this request you acknowledge and agree to these terms and responsibilities, and for any fees that may be incurred in providing the requested records.

You should allow at least seven (7) working days for this request to be filled. In some instances it may take longer.
Fees may apply for this request. See reverse side.

PLEASEFILLOUT QUESTIONS BELOW SO WE MAY FULFILL YOUR REQUEST IN A TIMELYMANNER. PLEASE PRINT LEGIBLY

| Requested by | Date of Request |
|---|---|
| | |
| Daytime contact phone number | Email |
| | |
| Date of Incident | Approximate time |
| | **A.M** OR **P.M.** |
| Nature of Incident (auto crash, burglary, domestic, etc) | |
| | |
| Location where incident occurred - **REQUIRED** | |
| | |
| Phone number from which 9-1-1 call was made, if known. | Case number assigned, if known |
| | |
| Please indicate which records you are requesting: | |
| Call history & detail printout | Audio Files |

All recordings will be emailed in a .wav file format. If this is not acceptable or the file is too large to email then recordings will be burned onto a CD, in that case you will need to make arrangements to pick up the CD from the 9-1-1 Center. Most recordings will fit on a single CD.

| If we have questions about your request, please provide a phone | Are you the victim in this crime? |
|---|---|
| | |
| Your printed name | Your signature |
| | |