



Muskogee County 9-1-1
 Request for Records
 Phone: 918-682-6911 / 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 CFR 160-164 will not be released without authorization of release from Muskogee County EMS HIPAA Compliance Officer and/or a Court Order. We also maintain private without Court order criminal history, drivers license, license plate registration information, victim's name(s) and contact information, and juvenile information in compliance with US Codes 18, 2721-2725, 42, 405(c)(2)(vii)(1) and Department of Justice Regulations Title 28 C.F.R. Part 20. Once the information is turned over to the requestor 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 911 Trust 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.

PLEASE FILL OUT QUESTIONS BELOW SO WE MAY FULFILL YOUR REQUEST IN A TIMELY MANNER. 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

OPEN RECORDS FEE SCHEDULE as established January, 2012

Document search fee - 15 minutes or less (minimum fee)	\$2.75 includes first printed page
Each additional page 8.5 X 14" or smaller	\$0.25 per page
Document search fee - 16 to 30 minutes	\$4.00
Document search fee - 31 minutes to 1 hour	\$8.00
Search by computer (special request)	\$25.00 per hour
CADS report printout for victim	no charge
CD-ROM if required for audio	\$1.00 each

TO BE COMPLETED BY RECORDS CUSTODIAN COMPLETING REQUEST

Date received	
Date / time of event on recorder	
CFS or Case number	
Date request was completed	
File emailed to:	
File picked up by - Printed name	Signature
	X
Unable to locate - notice sent to requestor date / time	
Was any portion redacted? If yes what?	
If request was denied, reason	
Person completing request	
Fees collected	