



NEW HANOVER COUNTY 911 COMMUNICATIONS

Complete request forms must be submitted in person:
230 Government Center Dr., Suite 185
Wilmington, NC 28403
P: (910) 798-6931

911 Records Request

Please be as specific as possible in your request for the 911 call recording or transcript.
A small fee must be paid for records requests: \$5 for CDs and 10 cents per page for transcripts. Fees must be paid in cash only at the time the records request is submitted.

Address of Incident: _____ City: _____, NC Zip: _____
Number That Called 911: _____ Incident Date: _____ Incident Time: _____
Do you need a copy of the event report? Yes No Event #: _____ RPT#: _____
Name of Person/Agency Requesting: _____
Phone Number: _____ Email to send record: _____

CITIZENS

Name (Please Print): _____ Signature: _____
Date Requested: _____ Date Released: _____

****If an attorney is requesting record, a subpoena is required in addition to or in lieu of this form.**

LAW ENFORCEMENT, FIRE SERVICES, & EMS

Chief/Lt. or above ranking officer must sign on behalf of the requesting agency.

Name (Please Print): _____ Signature: _____
Date Requested: _____ Date Released: _____

Please Note: All requests will be processed in order of receipt. This form must be complete before staff are able to process the request. Please allow a minimum of 10 business days for processing. Only one mailing will be made per 911 call. Any request for information must be picked up within 10 business days from the date of notification.