



708 W Avenue O • Belton, Texas 76513  
Office (254)933-5500 • Fax (254) 933-5937

**REQUEST FOR (CHECK ALL THAT APPLIES):**

<input type="checkbox"/>	CHRONOLOGY
<input type="checkbox"/>	RECORDING OF 9-1-1 CALL
<input type="checkbox"/>	RECORDING OF RADIO TRAFFIC

**REQUESTOR'S CONTACT INFORMATION (Please Print)**

Your Name:	Telephone No.
Agency (if applicable):	Secondary Telephone No.
Email Address:	Complete Physical/Mailing Address:

**DESCRIPTION OF INCIDENT (Please Print)**

Date and Approximate Time of Incident:	Location/Address of the Incident:
City:	Type of Complaint:
Name(s) of Person(s) Involved:	Describe Any Specific Information Needed:

I certify that this information is requested [] for official business [] in accordance with the Texas Open Records Act. I understand that unauthorized dissemination of the requested information could subject me and/or my agency to civil or criminal penalty. By law, this agency has 10 days to respond to your request.

**Fees**

**Non-Law Enforcement Agencies or Businesses:** \$10.00 for pickup or \$14.75, if mailed.

**Private Citizens:** \$10.00 for pickup or \$14.75, if mailed (no personal checks and/or invoicing). Please include payment with request. (Credit Card payments are now accepted. Additional Fees will apply. Please call 254-933-5500)

**Law Enforcement Persons or Agencies:** CD replacement for each transaction request.

**Preparation**

How would you like your transaction request prepared (Please check One):  
 CD   
 E-mail  **Email Address:**  
 (Email is sent by .wav file-if call is long and cannot be transmitted by email you will be notified)

Email completed form to [911Records@Bellcounty.Texas.gov](mailto:911Records@Bellcounty.Texas.gov)

Signature of Requestor: Electronic Signature of sender	Date:
Picked Up By:	Date:

**(For BCC Use Only)**

<b>Notified to Pick Up By:</b>	<b>Date/Time:</b>
<b>Released By:</b>	<b>Date/Time:</b>