


**Kootenai County 9-1-1 Center**

**Information Request Form**

Log Number

Date

Request for (check one)
  Logging CD
  Incident Review

**Contact Information**

Requesting Agency/Party:  Contact

Address

City  State  Zip Code

Phone Number  Cell or Pager Number  FAX Number

**Incident Information**

Address or Location of Incident

Date/Time of Incident

**Describe Concerns**

INTERNAL

**Instructions:**

Please complete the form by filling out the information contained in the area noted above by the dotted line.

The date of the request is automatically filled in for you.

Do not enter information in the LOG NUMBER Field.

The Reset Form button will erase all fields on the form.

To E-mail the form, simply select the SUBMIT BY E-MAIL button and follow the prompts. If you are using Outlook or similar mail client, it will automatically complete an E-mail message and place it in your OUTBOX. If you are using Web-based mail like Yahoo or Hotmail, you will need to save the form and attach it in an E-mail message to [911request@kcgov.us](mailto:911request@kcgov.us)

You may also Print the form using the PRINT FORM button on the form and submit it via postal mail or FAX (address and numbers at bottom of form).