

Gaston County 911 Information Request

Incident Information

Date/s: _____ Time/s: _____

Address/Location: _____

Nature of Call: _____ Incident #: _____

Details: _____

Records Requested *(Check all that apply)*

Call Print Outs:

Phone Call Audio:

Contact Information

Your Name: _____ Telephone: _____

Your Agency: _____ *(if applicable)*

Email address: _____

Please submit form by email to 911Center@gcps.org or by Fax 704-853-2837

The results will be sent by Email unless the file size is too large, then a staff member will contact you by phone to arrange another method of delivery.