

Sask911 Inquiry Report

Date of Request: _____ Agency: _____

Person Making Inquiry: _____
(Surname) (First Name)

Your Ref. Number: _____ Phone No.: _____

Fax Number: _____ Signature: _____

Case Number: _____ Date of Call: _____

Time of Call: _____ Operator: _____

How call was originated: _____

Type of Call: _____

Location of Incident: _____
(Address) (City/Town) (Postal Code)

9-1-1 Caller's Name: _____
Phone No. used: _____

9-1-1 Caller's Address: _____
(Address) (City/Town) (Postal Code)

Other applicable details of call:

Person or Agency's Concern: (provide as much detail as possible)

Investigation Findings:

Disclaimer:

This information is issued to the agency on a trust condition that is not to be released to any third party without the expressed written authorization from Sask911. This information is released on a preliminary basis only and is subject to standard errors and omissions disclaimer.

Investigated By: _____
(Surname) (First Name)

Date of Investigation: _____

Date Agency Notified of Findings: _____