

# Lancaster County Public Safety Communications



## Confidential Tape / Records Request Form

Date of Request: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Incident Type: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Incident or Case Number (if available):  
\_\_\_\_\_

Circle All That Apply:

Radio: Police, Fire, EMS, Dispatch      Telephone Call/ Telephone Line

When requesting a copy of radio traffic, please specify how far into the incident you need, i.e., Dispatch Only until units arrive on scene; until the incident is "under control" or suspect is in custody, etc.

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Notification made to: EMS Director, Emergency Management Director, Sheriff or Director of Public Safety Communications

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Requested by - Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

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I, the undersigned, understand that this is a copy of an original confidential tape, and certify that it will not be reproduced or used for reasons other than those documented by this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Communications Supervisor Use Only:**

Request received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Supervisor's approval: \_\_\_\_\_ Date: \_\_\_\_\_

Dated: 02-12-2013