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.

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

______________________________________________________________

Requested by - Name: ___________________________ Phone: ___________________

Email: ________________________________________________________________

Reason for Request: ______________________________________________________

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: ________________________