

Thomas K. Dubas
Director

Richard P. Barbolish
Deputy Director



Robert C. Cordaro
A.J. Munchak
Michael J. Washo
Commissioners

Communications AUDIO RECORDING REQUEST

Date of Incident: _____ Time of Incident: _____ Incident #: _____

Location of Incident: _____

Type of Incident: _____

Request for: **Radio Transmission** **Phone Call** **Both**

Department(s) Involved: _____

Person Requesting Recording: _____

Date of Request: _____ Date Needed: (give specific date) _____

Requestor's Telephone number: _____

Requestor's *e-mail*: _____

Brief description of the information you wish to obtain from this recording (use back of sheet if additional space is needed)

Format Desired: (check only one) Cassette Tape: CD: Wav. File:
Must supply valid e-mail address for Wav. File Format

Signature of Dept. Head Making Request:

Requestor Notified: Date: _____
Picked Up: Date: _____
Office use only