**Records Request**

***(Version 02/15/2019)***

*Recordings are only maintained for 12 months from date of the incident. Any requests for an incident that is older than 12 months cannot be filled. A request on company/agency letterhead must be attached with this form.*

Name of Individual Making Request:       Date:

Email Address Where Audio File Shall be Sent:

Department / Agency / Firm Making Request:

Date of Incident:       Time of Incident:

Address of Incident:

Reason for Request:

How are you involved with this incident:

Audio Request: Yes [ ]  No [ ]  CAD Request: Yes [ ]  No [ ]

Please Indicate Section(s) of Audio Recording Needed:

 Reportee(s) Only: Yes [ ]  No [ ]

 Up to and including Dispatch: Yes [ ]  No [ ]

 Up to and including Arrival on Scene: Yes [ ]  No [ ]

 Up to and including situation under control: Yes [ ]  No [ ]

 Up to and including Enroute to Hospital: Yes [ ]  No [ ]

 Up to and including Arrival at Hospital: Yes [ ]  No [ ]

 Entire Incident: Yes [ ]  No [ ]

**DO NOT WRITE BELOW THIS LINE**

Date Received:       Received By:

Date Prepared:       Prepared By:

Date Release Approved:       Release Approved By:

If information was unable to be release, explain why: