

MERCER COUNTY 9-1-1 REQUEST FOR AUDIO RECORDING

Please fill out the following completely.

1. Date of Incident: _____

2. Time of Incident: _____

3. Nature of Incident: _____

4. Incident Number: _____

5. Location of Incident: _____

6. Nature of your request (What you are looking for.):

7. Approximate time frame of your request (i.e. "First 5 minutes of the 9-1-1 call...", "Until subject was in custody...", "To when the ambulance came on scene.", etc):

Information Requested:

Phone Conversation

Radio Traffic

Both

Party Requesting tape: _____

Chief or Dept. OIC Signature: _____

Date: _____

(IMPORTANT: Tapes requests require the signature of the Chief or OIC of that Police Dept.)

All tapes must be picked up within 2 business days of the receipt of the request at the Mercer County 9-1-1 Center, 205 S Erie St. Mercer, Pa. (Unless other arrangements are made.)

A blank audio cassette must accompany the release of any tape requested
