

# **MERCER COUNTY 9-1-1 REQUEST FOR AUDIO RECORDING**

For Official Use of Departments Dispatched by Mercer County 9-1-1

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 Recording: \_\_\_\_\_

Chief or Dept. OIC Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

**(IMPORTANT: Recordings require the signature of the Chief or OIC of the Police Dept.)**