

**CENTRAL LANE 9-1-1 COMMUNICATIONS
CONFIDENTIAL AUDIO REQUEST FORM**

Rcvd: _____

Attorney: Prosecution **Citizen:**
 Defense
 Private

PLEASE NOTE: A minimum \$60.00 is collected when your request is filed. Based on the information provided, a search of the files and records of this department will be conducted. If the search fails to disclose any information regarding the incident(s) or person(s) described in this request, your draft will be retained as a research fee to cover our labor costs and computer time.

The minimum process time is 30 days. Do not put ASAP for a date needed.

Date of Request: _____ Date Needed _____
(Routine audible retention is seven months).

Incident Date: _____ Incident Time: _____

Incident Type: _____

Incident Address: _____

Name of Defendant(s) or Calling Party: _____

Computer ID# or Police Case Number: _____

Audio reproductions are made on CD-R discs in a .wav or .cda format.

PLEASE CHECK ONE BOX:

- The CD-R will only be replayed on a PC or laptop device.**
- The CD-R needs to be able to play on a standard CD player.**

Information Requested: If checking more than one block, your costs will be higher than the minimum charges and you will be called prior to processing this request.

_____	Police Dispatch Frequency approximately \$300.00 additional
_____	Fire Dispatch Frequency approximately \$300.00 additional
_____	Police Information Frequency approximately \$300.00 additional
_____	Fire Operational Frequency approximately \$300.00 additional
_____	Other Radio Traffic (please specify) _____

Phone Conversation: 9-1-1 Line [] Other [] (please specify) _____

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.

If you do not provide a phone number to contact you, it will be your responsibility to check when this has been completed. We cannot reach phone numbers that have BLOCKED SERVICE.

Requested by: Name: _____ Phone#: _____
PLEASE PRINT NAME TO CALL WHEN PROCESSED

Agency: _____

Address: _____

Reason for Request: _____

Please be advised that all completed requests must be picked up.

Private Attorney and Citizen Requests: Do not sign this portion.

Authorizing Signature: _____ **Date:** _____

Internal Use only:

Reviewed by: _____ [] **Approved** [] **Denied**

Completed on: _____ By: _____

Time required: _____ x \$60.00 CD-R's Used _____ x \$5.00

TOTAL: _____

Notes/Special Instructions: _____

[] Requestor was contacted and advised to pick up on: _____

[] An additional payment of \$ _____ is due at pick up.

Please read these instructions prior to completing your request.

INSTRUCTIONS

Central Lane 9-1-1 Communications Confidential Audio Request Form

If you are requesting a copy of a confidential communications audio, you must submit the attached form with complete information, approval and payment where applicable. Prior to submitting this form and paying any fees, you may wish to consult with an attorney. If your audio request involves retrieval of information protected by the court or legal system, it may not be releasable until the matter has been formally settled. You are encouraged to keep this instruction sheet for reference.

1. Indicate what device the CD-R will be replayed on: 1) CD-R will be replayed on a PC or laptop device, or 2) The CD-R needs to be able to play on a standard CD player.
2. Place a mark in the appropriate category, i.e. Law Enforcement, Attorney - Prosecution, etc.
3. **Date of Request:** This is the date that you are submitting the request.
4. **Date Needed:** This is the specific date on which you need to have the audio recording in your possession. Remember that these requests are processed within the 8:00 AM - 5:00 PM, Monday to Friday work week and take a minimum of 30 days to complete. We do not process these as emergency requests and are dependent upon available staffing. Indicating **ASAP** is not specific and may delay processing your request.
5. **Incident Date/Time:** Date and time the incident occurred. Be as accurate as possible; incorrect or insufficient information causes extensive research which causes significant delays. Additional research costs may also be incurred as a result of inaccurate request data.
6. **Incident Type/Location:** For the reasons previously cited, be as specific as possible.
7. **Name of Defendant/Calling Party:** Please list the name of the defendant or the person who placed the call received by the Communications Center, and identify which you are providing by circling the appropriate description.
8. **Computer ID#:** This is the Communications Center "Computer Aided Dispatch" identification (QA) number, and can be obtained by accessing the computer activity records or the paper CAD log, or by calling the on-duty Communication Supervisor at 682-2791.
9. **Information Requested:** Audio reproduction is a time consuming non-emergency activity which is accomplished as time allows by on-duty supervisory personnel. You can expedite your request (and minimize your costs) by being clear and specific regarding what you need recorded. This will eliminate time spent researching, monitoring and possibly recording unnecessary information. This is particularly important if the request is for **radio transmissions and/or the event spanned several hours.**
10. **Reason for Request:** Please be specific. You do not have to reveal anything confidential, but **"review"** (for example) is not an adequate explanation. If your request involves an allegation against or inquiry regarding Communications Center personnel or procedures, please direct it to the Communications Manager (682-2767) or the on-duty Communications Supervisor (682-2791) for investigation.
11. **Disclaimer:** This is to be read and signed **by the person requesting the audio recording.** The recording is a copy of confidential Communications record, and the material thereon is released for use as approved only.

12. **Authorizing Signature: ONLY the following may authorize an audio release:** District Attorney (or representative), City Prosecutor (or designee), Deputy Director, Rural Fire Chief, Watch Commander, Chief Officer, EMS Manager, Sergeant, AIC Sergeant or the Personnel Investigations Coordinator.

Updated: 10/10/06