

GARFIELD COUNTY EMERGENCY COMMUNICATION AUTHORITY

AUDIO REQUEST FORM

Requested By: Name: _____ Phone: _____ Ext: _____

Date Requested: _____ Date Required: _____

Requestor: District Attorney Parachute PD Garfield County Sheriff Office
 Rifle PD Silt PD New Castle PD
 Glenwood Springs PD Carbondale PD Colorado River Fire Rescue
 Grand Valley Fire Glenwood Fire Other: _____

Reason for Request: _____

INCIDENT INFORMATION

Date of Incident: _____ Time: _____ (IR) #: _____

Location of Incident: _____ Incident type: _____

Associated Agencies: _____

Associated Persons: _____

Specific Information Needed:

Audio Needed: 911 Non-Emergency Radio Other _____

Start time _____ End time _____

FOR GCECA USE ONLY

GCECA Audio # _____

Date Received: _____

Date Completed: _____

Completed by: _____

Comments: _____

Dispositions of request: *AUDIO COPY FROM CENTER MASTER AUDIO. THIS IS TRUE AND ACCURATE REPRODUCTION.*

Signature

Date

Release of Audio

I certify that this information from this audio will be utilized in the conduct of official business of my agency and for the sole and expressed purpose(s) outlined above. I fully understand that any other or disclosure may expose my agency to legal and criminal liability.

Print Name

Sign

Date