

**GARFIELD COUNTY EMERGENCY
COMMUNICATIONS AUTHORITY**

REQUEST FOR LOGGING TAPE PLAYBACK/COPY

Name: _____ Title: _____

Agency: _____ Telephone: _____

Save Master Tape (in addition to Cassette Copy) Yes [] Length of time: _____

Incident Data: (Give date, times, agencies/individuals, nature of incident).

Check all that apply:
Telephone Call(s) [] Radio Traffic: [] 9-1-1 Call []

Date: _____ Times: _____ CAD#: _____

Nature of Incident: _____

Agencies/Individuals involved: _____

Reason for Request: _____

I certify that this information from this tape 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 use or disclosure may expose my agency to legal and criminal liability.

Released to Signature

Date

Disposition of request: AUDIO CASSETTE COPY FROM CENTER MASTER TAPE.
THIS IS A TRUE AND ACCURATE REPRODUCTION.

Communications Center Employee

Date