



AUDIO LOG REQUEST FORM

Date of Request Date of Incident CFS No.

Requestor's Name Agency's Incident #

Requestor's Title Agency

Reason for Request

If Other, Explain

Check All Items Required for this Request:

- Copy of CFS (Call For Service) Report
- Reporting Telephone Call Recordings
- All Incident-related Telephone Calls Recordings
- Agency's Primary Radio Recordings Start to End - **OR**- Times: Start: End:
- All Incident-related Radio Recordings Start to End - **OR**- Times: Start: End:

*NOTE: Audio logs will be completed within 30 days of receipt of the request.
 All requests are generally handled in the order they are received, with preference given to those for Court-related evidentiary purposes.
 Due to the time-intensive nature of completions of Audio Logs, please make every effort to pick up completed requests in a timely manner.*

When complete, contact via Contact Info:

By signature below, I hereby agree to the terms and conditions mentioned herein. I understand failure to submit required information may result in rejection of request.

Requestor's Signature: _____

FOR OFFICE USE ONLY

Completed By: _____ Date: _____ USB SN: _____

I, _____, warrant I am authorized by the Requesting Agency to take possession
 of the requested Audio Log. _____
Print Name
Signature _____ Date _____