



COUNTY OF NORTHAMPTON

Department of Administration Division of Emergency Management Services

100 GRACEDALE AVENUE
NAZARETH, PENNSYLVANIA 18064-8430
Telephone: (610) 746-3194
Fax: (610) 746-3199 Web: www.ncem-pa.org

AUDIO LOG REQUEST FORM

Date of Request:	<input type="text"/>	Date of Incident:	<input type="text"/>	CFS #:	<input type="text"/>
Requestor Name:	<input type="text"/>			Agency's Incident #:	<input type="text"/>
Requestor Title:	<input type="text"/>	Requestor Agency:	<input type="text"/>		
Reason for Request:	<input type="text"/>				
Reason for Request:	<input type="text"/>				
If Other, Explain:	<input type="text"/>				

Check All Items Required for this Request:

- ☐ Copy of CFS (Call For Service) Report
- ☐ Reporting Telephone Call Recordings
- ☐ All Incident-related Telephone Call 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 evidential 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, please contact me by: Contact Info:

Requester Signature:

Fax to 610.746.3199

FOR OFFICE USE ONLY

Completed By: _____ Date: _____ USB S/N: _____

I, _____, warrant I am authorized by the Requesting Agency to take possession of the

requested Audio Log. _____ Signature _____ / Date _____