

**9-1-1 DIGITAL RECORDING FILE REQUEST FORM**

Name of Requestor:	Date of Request:
Date of Incident:	Time of Incident:
Incident type: (i.e. vehicle accident, domestic, etc.)	
Description of Incident:	
What information is needed: (telephone call, radio call, or both)	

STATEMENT OF LIABILITY

I, the undersigned, fully understand the security and confidentiality of the material, information related to persons, organizations, procedures and incidents, including, but not limited to, phone numbers, addresses and medical data possibly contained on a 9-1-1 digital recording file or 9-1-1 tape recording.

I understand that access to investigate 9-1-1 digital recording files and 9-1-1 tape recordings is permitted only for law enforcement and criminal justice purposes and any information received from this system cannot be disseminated beyond by agency.

Finally, I realize that any violation of confidentiality or dissemination, or my toleration of a violation by anyone else, will lead to discontinuation of receiving files containing 9-1-1 recordings.

Date:	
Name:	Signature:

RELEASE AUTHORIZATION:

District Attorney Signature:	Date:
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PROCESSED BY:	DATE:
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