



PUBLIC 9-1-1 DIGITAL RECORDING FILE REQUEST FORM

Name:	Date of Request:
Date and Time of Incident:	Contact Information <i>(email or daytime phone number):</i>
Incident type: <i>(i.e. vehicle accident, domestic, possible child abuse/neglect, etc.)</i>	
Description of incident:	
What information is needed: <i>(telephone call, radio call or both)</i>	

STATEMENT OF LIABILITY

I, the undersigned, fully understand the security and confidentiality of the confidential 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.

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

Name/Signature:	DATE:
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RELEASE AUTHORIZATION:

District Attorney Signature:	DATE:
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PROCESSED BY:	DATE:
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Information can only be released to the requestor:

RECEIVED BY:	DATE:
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