**911 Record Request Form**

**Email Record Requests to** [**DESRecords@countyofberks.com**](mailto:DESRecords@countyofberks.com) **or Fax 610-655-4902**

**Requesting Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**Requestor Contact #:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Extension:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requestor Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**Date of Request:** \_\_\_\_ \_\_\_

**Provide the following information:**

**\*\*Telephone Audio WILL NOT be released unless a reason is provided\*\***

**Reason for Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident Date:** \_\_\_\_\_\_\_\_\_\_\_\_  **Incident Time:** \_\_\_\_\_\_\_\_\_\_\_

**Incident/CFS #:** \_ **Incident/Call Type: \_\_\_\_\_\_\_** **\_**

**Incident Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_**

**Nature/Description of Incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Information Requested:**

**e911 Data**  **911 Telephone Audio**

**10-digit/Admin Telephone Audio**  **Text to 911 printout**

**Radio (Talk Group required)**

**Talk Group Requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*All Incidents requested will receive incident detail printout\*\***

**Signature of Chief/Supervisor of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name of Chief/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_**

**Internal Use Only** Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release Authorized By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Released: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_