



**Springfield – Robertson County
Emergency Communications Center**

Audio / Records Request Form

Review Media Copy from original media

Date(s) of call: _____ Time(s) of call: _____

Location of call: _____

Pull audio/records from: Admin/Other Line(s): 1 2 3 4 5 6 7 Cell Gas

Radio Channel(s): _____

911 Trunk(s): 1 2 3 4 5 6 7

CAD Records Only

Brief description of call or information we should search for: _____

REQUESTOR INFORMATION

Name: _____ Phone: _____

Email Address: _____

Signature: _____ Date: _____

DISPATCH USE ONLY

Request received by: _____ Date: _____ Time: _____

Request completed by: _____ Date: _____ Time: _____

Released to: _____ Date: _____ Time: _____

FOR OFFICE USE ONLY

Incident Number(s): _____ Control Number: _____

Media used: Email CD DVD None

Items released with audio/records: CAD Printouts Time Line Other: _____ None

NOTE TO DISPATCHER TAKING REQUEST: Please attach a copy of any CAD printout(s) pertaining to this call.