



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) ☐ Prepared Live ☐ CAD Records Only

☐ Radio Channel(s) ☐ 911 Trunk(s) ☐ Other \_\_\_\_\_

\*\*\*\*\*

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: \_\_\_\_\_

☐ Additional CFS form attached ☐ Dissemination form attached ☐ Affidavit attached

Media used: ☐ Email ☐ Thumb Drive ☐ Thumb Drive (mailed due to size) ☐ 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.