



911 COMMUNICATIONS

EMAIL COMPLETED FORM TO DANNY.MANUEL@ADAOK.COM

AUDIO REQUEST

RECORD REQUEST

Date: _____

Name: _____

Agency: _____

Title: _____

Dispatcher receiving request: _____

Purpose of Request: **Investigation** **Court** **Review** **Private use**

Incident Date: _____

Call Nature: _____

Incident Time: _____

Call# or Case#: _____

Number of phone that called 911 or Dispatch, if known. _____

Incident narrative: _____

Reason for request: _____

PUBLIC SAFETY / LAW ENFORCEMENT: I certify that the information from this recording will be utilized in the conduct of official business for my agency for the sole and express purpose(s) outlined above. I fully understand that any other use or disclosure may expose myself or my agency to legal or criminal liability.

PUBLIC / OTHER: I certify that the information from this recording will be used for the sole and express purpose(s) outlined above and will not be used maliciously or with criminal intent. I fully understand that any other use or disclosure may expose myself to legal or criminal liability.

Signature: _____ Date: _____

Released to: _____ Date: _____

Central Dispatch Rep: _____ Date: _____

City of Ada Finance: _____ Date: _____

FEE: \$25 (PUBLIC / OTHER ONLY)