

**ONEIDA COUNTY 911 CENTER**

**TAPE REVIEW/DOCUMENT REQUEST FORM**

Requestor's Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Request Type (check all that apply):

- |                   |     |                        |       |
|-------------------|-----|------------------------|-------|
| Emergency Review  | [ ] | Non-Emergency Review   | [ ]   |
| Document(s)       | [ ] | List Document Type(s): | _____ |
| Recording - Radio | [ ] | Recording - Phone      | [ ]   |

Reason for Request:

- |                |     |                         |     |
|----------------|-----|-------------------------|-----|
| Training       | [ ] | Criminal Investigations | [ ] |
| Court Evidence | [ ] | Internal Investigations | [ ] |
| Complaint      | [ ] |                         |     |

Incident Type: \_\_\_\_\_

Incident Location: \_\_\_\_\_ Date: \_\_\_\_\_

Incident Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Complaint #: \_\_\_\_\_

Explanation for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Supervisor's Signature: \_\_\_\_\_