



MACECOM COMMUNICATIONS AUDIO REQUEST

*Date of Incident _____ *Time _____ Agency Case No. _____

*Date of Request _____ *Defendant(s) _____

*Nature of Incident _____ *Location _____

Specific Information needed:

Reporting 911/Telephone Calls

Initial Radio Dispatch

All Associated Telephone Traffic

All Associated Radio Traffic

CAD Log

Other (specify below)

Requestor Comments:

*Requested By _____ *Phone () _____

*Requesting Agency _____

MACECOM Comments:

Processed By _____ Date _____

Tape/CD Made: Yes No

Tape # _____

All communications tape requests shall be processed by a Communications supervisor.

All items preceded by an asterisk must be completed. Please complete electronically, save, and send the form to the Deputy Director. You may also complete by hand, but please print legibly. E-mail the form to mransier@macecom.org.