



# MACECOM COMMUNICATIONS AUDIO REQUEST

\*Date of Incident \_\_\_\_\_ \*Time \_\_\_\_\_ Agency Case No. \_\_\_\_\_  
\*Date of Request \_\_\_\_\_ \*Defendant(s) \_\_\_\_\_  
\*Nature of Incident \_\_\_\_\_ \*Location \_\_\_\_\_

## Specific Information needed:

- |   |   |
|---|---|
| <input type="checkbox"/> Reporting 911/Telephone Calls    | <input type="checkbox"/> Initial Radio Dispatch       |
| <input type="checkbox"/> All Associated Telephone Traffic | <input type="checkbox"/> All Associated Radio Traffic |
| <input type="checkbox"/> CAD Log                          | <input type="checkbox"/> 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 [info@macecom.org](mailto:info@macecom.org).