



# MACECOM 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
- ☐ CAD Log
- ☐ Other (specify in requestor comments)

## Requestor Comments:

\*Requested By \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Requesting Agency \_\_\_\_\_

## MACECOM Comments:

Processed By \_\_\_\_\_ Date \_\_\_\_\_

Tape/CD Made: ☐ Yes ☐ No

Tape # \_\_\_\_\_

All items preceded by an asterisk must be completed. Please complete electronically, save, and send the form to the Office Manager. You may also complete by hand, but please print legibly. E-mail the form to [jlusignan@macecom.org](mailto:jlusignan@macecom.org).