



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.