Department of Public Safety - 911 Communication Division

Audio Duplication Request Form

Name Agency Email		Title Phone	
Duplication Format Date of Incident: Time of Incident: Section Requested:		Real Time Incident #	
section nequested.	 9-1-1 Telephone Fire/EMS Telephone Police Telephone Police Radio Talk Group Fire/EMS Radio Talk Group 	(Crir (Crir (Crir	ninal Justice Only) ninal Justice Only) ninal Justice Only) ninal Justice Only)

Nature of incident and reason for request (Investigation, Training, etc.)

*Email requests to AudioDuplication@LCWC911.us *All duplications will be sent via email. Email address must be provided.

I authorize the above named individual access to the aforementioned incident.

Printed Name	Title (Authorized Individual)			
Signature	Date			
Disposition of Request:				
Printed Name (LCWC Representative)	Title			
Signature	Date			

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