

Department of Public Safety - 911 Communication Division

Audio Duplication Request Form



Name _____ Title _____
Agency _____ Phone _____

Email _____

Duplication Format Condensed Time Real Time
Date of Incident: _____ Incident # _____
Time of Incident: (From) _____ (To) _____

Section Requested:

- 9-1-1 Telephone (Criminal Justice Only)
- Fire/EMS Telephone (Criminal Justice Only)
- Police Telephone (Criminal Justice Only)
- Police Radio Talk Group _____ (Criminal Justice Only)
- Fire/EMS Radio Talk Group _____

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

[*Email requests to LCWCAudioDuplication@lancastercountypa.gov](mailto:LCWCAudioDuplication@lancastercountypa.gov)

***All duplications will be sent via email. Email address must be provided.**

I authorize the above named individual access to the aforementioned incident. ****Must come from the OIC, or the rank of Sergeant or higher****

Printed Name

Title (Authorized Individual)

Signature

Date

Disposition of Request:

Printed Name (LCWC Representative)

Title

Signature

Date

This recording and its contents are the property of Lancaster County-Department of Safety. The material contained in this recording is to be considered confidential and may not be used except as outlined in the reason for the request above. The receipt and use of the material on this recording may be subject to the PA Criminal History Information Act and misuse of the material may be subject to the penalties as set forth in the Act. The audio is not a "public record" as defined by the Right to Know Law.

(This form may be reproduced)