



PUBLIC SAFETY CAMPBELL COUNTY FIRE-EMS-911



FOIA - Request for Audio

Date of Request: _____

Requesting Person: _____ Requesting Agency: _____

Requestors Phone Number: _____ Requesting Person E-mail: _____

Requesting: Phone Audio Radio Audio

Date of Incident: _____ Time of Incident: _____ CFS # _____

Location of Incident: _____

Type of Call: _____

Name of Caller: _____

Additional Information: _____

*Audio is obtainable for sixty (60) from the date of the call, unless it has been preserved prior. We will release all archived audio that is available.

*All request will receive a response within five (5) working days of receiving the request.

*If there are any fees associated with the request, requestor will be notified prior to processing.

*All audio will be recorded onto a CD-R. If another method is preferred, it should be provided with this request.

_____ Public Safety Use Only _____

Date Received by Public Safety: _____

Released by: Public Safety Campbell County PIO With Notary Signed Authenticity

Audio Recorded: By: _____ Date: _____