



# Agency Recording Request Form

Requesting Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Case/Incident #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Officer(s) Involved: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Describe Reason for Request

**Request Type:**  Criminal Investigation  Internal Affairs  Citizen Complaint  Prosecution

Other (specify): \_\_\_\_\_

**Specify Record Type:** Call recording CAD record (dispatch logs) Radio recording

Please specify record needed: \_\_\_\_\_

Email or fax completed form to: [grama@cu911.org](mailto:grama@cu911.org) or fax 801-794-4049

**Date Record is needed:** \_\_\_\_\_ please specify if urgent (usually one week required)

This information is confidential

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This request is submitted with understanding and compliance of the following terms

1. All information requested is in support of a criminal investigation, or as indicated above, being conducted by the officers and agency submitting the form.
2. No information gained from this request may be used for personal use.
3. No information gained may be used by, or released to non-law enforcement individuals.
4. No information gained from this request may be used for civil proceedings without first providing a subpoena to the Central Utah 911 for that material.
5. This information is confidential. The agency requesting this information is responsible for any release of this information. Central Utah 911 cannot be responsible for the information once released to the requesting agency.

**Chief or Other Administrator Authorizing Request:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Please provide email to contact when request is complete