



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 Tape Request	
Request Type: <input type="checkbox"/> Criminal <input type="checkbox"/> Internal Affairs <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Investigation	
<input type="checkbox"/> Other (specify):	
Specify Record Type: <input type="checkbox"/> Call recording <input type="checkbox"/> CAD record (dispatch logs) <input type="checkbox"/> Radio recording	
<input type="checkbox"/> Other dispatch records, please specify:	
email or fax completed form to: grama@utahvalley911.org or fax 801-794-4049	

Date Record is needed: _____ please specify if urgent (usually one week required)

This information is confidential

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 Utah valley Dispatch Special Services District for that material.
5. This information is confidential. The agency requesting this information is responsible for any release of this information. The Utah Valley Dispatch Special Services District 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