



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
(Please advise if access to records should be restricted to members within the agency with logins)

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 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 disseminated to other 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 prohibited from further sharing of the record pursuant to Utah Code 63G-2-204(2)(a).

Chief or Other Administrator Authorizing Request: _____

Contact information: _____

Please provide email to contact when request is complete