



Berkeley County Emergency Communications

802 Emmett Rousch Drive, Suite A

Martinsburg, WV 25401

Phone 304-263-1340, Fax 304-264-4468



RECORDING(S) REQUEST FORM

Requester: _____ Agency: _____

Type of Recording(s) Requested: CAD(Phone () Radio(

Incident Date: _____ Time: _____ Location: _____

Type of Incident: _____

Reason for Holding: _____

Signature of Requester: _____ Date: _____

Recording(s) Technician Form

Recording(s) Made By: _____ Date: _____

File Saved As: _____

Recording(s) Receipt Form

I acknowledge receipt of a true 9-1-1 call, radio transmission, and/or CAD sheet as requested.

I have paid a charge of \$ _____ (if applicable)

Name of Person Receiving Recording(s) (Please Print): _____

Signature of Person Receiving Recording(s): _____

Relationship to Person Requesting Recording(s): _____

Emergency Communications Representative: _____ Date: _____