**911 Record Request Form**

**Email Record Requests to** **DESRecords@countyofberks.com** **or Fax 610-655-4902**

**Requesting Department:**

**Requestor Name:**

**Requestor Contact #:       Extension:**

**Requestor Email:**

**Date of Request:** Click here to enter a date.

**Provide the following information:**

**\*\*Telephone Audio WILL NOT be released unless a reason is provided\*\***

**Reason for Request:**

**Incident Date:** Click here to enter a date. **Incident Time:**

**Incident/CFS #:       Incident Call Type:**

**Incident Location:**

**Nature/Description of Incident:**

**Information Requested:**

**[ ]  e911 Data** **[ ]  911 Telephone Audio**

**[ ]  10-digit/Admin Telephone Audio [ ]  Text to 911 printout** **[ ]  Radio (Talk Group required) Talk Group(s) Requested:**

**\*\*All Incidents requested will receive incident detail printout\*\***

**Signature of Chief/Supervisor of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name of Chief/Supervisor:**

**Internal Use Only** Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release Authorized By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Released\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_