



Office of the Sheriff

# General Order 5.00

## Communications Audio Recordings Request Form

Effective: January 1998

Revised: April 2020

### REQUEST

Date of request: \_\_\_\_\_

Name of requesting party: \_\_\_\_\_

Contact number: \_\_\_\_\_

Address of requesting party: \_\_\_\_\_

What is being requested:    **RADIO**                      **PHONE CALL**                      **CAD REPORT**

Reason for request:

### INCIDENT INFORMATION

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Type of incident: \_\_\_\_\_

### COMMUNICATIONS INFORMATION

OCA: \_\_\_\_\_ or CAD: \_\_\_\_\_

Copy of recording made?    YES                      NO

Name of person making the recording: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date received:** \_\_\_\_\_



510 South Dillard Street | P.O. Box 170 | Durham, North Carolina 27702

(919) 560-0858 | Fax (919) 560-0891 | <http://www.dconcc.gov/sheriff>

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