

**LEHIGH COUNTY COMMUNICATIONS / 9-1-1 CENTER
AUDIO RECORDING / PRINTED RECORD REQUEST FORM - PUBLIC SAFETY AGENCY**

NAME OF REQUESTOR (*PRINTED*)

REQUESTOR'S EMAIL ADDRESS

APPROVAL SIGNATURE OF REQUESTOR'S SUPERVISOR (***REQUIRED***)

REQUESTING AGENCY NAME

REQUESTOR'S TELEPHONE NUMBER

DATE OF REQUEST

DATE OF INCIDENT

TIME OF INCIDENT

LOCATION OF **INCIDENT** (INCLUDE ADDRESS AND MUNICIPALITY)

REASON FOR REQUEST

DEPT. INCIDENT NUMBER

RECORD(S) REQUESTED (Check all that apply):

- TELEPHONE AUDIO (*Law Enforcement Agencies ONLY*)
- RADIO TRANSMISSIONS
- CAD INCIDENT DETAIL REPORT

INSTRUCTIONS FOR COMPLETION

1. All requests for copies of recordings must be submitted utilizing this form. All fields on this form are mandatory.
2. All copies of recordings will be released via ENCRYPTED EMAIL.
3. Recordings of telephone audio will be released to law enforcement agencies ONLY.
4. Released recordings are strictly for the use of Police, Fire, and EMS agencies only, and use must comply with the non-disclosure statement below.
5. Release/use of a recording other than stated above will be by court order only.
6. RECORDINGS WILL ONLY BE RELEASED TO AGENCIES DIRECTLY INVOLVED IN THE INCIDENT.
7. Requests must allow a minimum of 5 working days for completion.
8. Questions regarding record requests may be directed to the Lehigh County Communications Center's Records Custodian at (610) 782-4652.

AUTHORIZED EMPLOYEE MAKING COPY

DATE COPY MADE

TIME COPY MADE

INCIDENT #

NON-DISCLOSURE STATEMENT (To be completed upon release of completed documents)

In response to your request, the County of Lehigh ("County") is providing the enclosed/attached record(s). **9-1-1 telephone and radio communications recordings are exempt from public disclosure under section 708 of Pennsylvania's Right-to-Know Act.** Dissemination or disclosure of these recordings to any third-party for any purpose whatsoever, other than for use in a court of law, is strictly prohibited.

I hereby acknowledge receipt of the requested copy subject to these restrictions, and agree that the undersigned will indemnify the County from any liability resulting from such unauthorized disclosure. Additionally, I recognize the County's right to pursue any appropriate sanctions against me if these recordings are improperly disclosed in any fashion without the prior permission of the County.

SIGNATURE OF PERSON ACCEPTING COPY

ELECTRONIC RELEASE

PRINTED NAME OF PERSON ACCEPTING COPY

SIGNATURE OF EMPLOYEE RELEASING COPY

DATE OF RELEASE

TIME OF RELEASE

RELEASED ELECTRONICALLY -
INITIAL IF YES