Department of Public Safety - 911 Communication Division

Audio Duplication Request Form

Name _____ Title _____
Agency_____ Phone _____
Email _____

Duplication Format ☐ Condensed Time ☐ Real Time
Date of Incident: _____ Incident # _____
Time of Incident: (From) _____ (To) _____
Section Requested:

- ☐ 9-1-1 Telephone (Criminal Justice Only)
- ☐ Fire/EMS Telephone (Criminal Justice Only)
- ☐ Police Telephone (Criminal Justice Only)
- ☐ Police Radio Talk Group _____ (Criminal Justice Only)
- ☐ Fire/EMS Radio Talk Group _____

Nature of incident and reason for request (Investigation, Training, etc.)

_____

_____

*Email requests to LCWCAudioDuplication@lancastercountypa.gov

*All duplications will be sent via email. Email address must be provided.

I authorize the above named individual access to the aforementioned incident.

_____ _____

Printed Name **Title (Authorized Individual)**

_____ _____

Signature **Date**

Disposition of Request:

_____ _____

Printed Name (LCWC Representative) **Title**

_____ _____

Signature **Date**

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