

MARIN COUNTY SHERIFF'S OFFICE



RADIO AND TELEPHONE AUDIO RECORDING DUPLICATION
REQUEST AND CERTIFICATION FORM

TO: MARIN COUNTY SHERIFF'S OFFICE
FAX: (415) 499-3636

Date:

REQUESTED BY:

PHONE #:

E-MAIL ADDRESS:

TIMEFRAME
FROM:

TO:

DATE TO BE RECORDED:

COURT CASE NAME:

COURT CASE #:

AGENCY CASE #:

REASON FOR REQUEST:

HOW WOULD YOU LIKE THE .WAV FILE(S) SENT TO YOU?: E-MAIL: CD:

911/TELEPHONE CALLS:

RADIO TRAFFIC:

Do you need a copy of the CAD log? Yes: No: If Yes, it will be sent to you in the court run.

Fields below this line are for use by Sheriff's Communications Division Personnel Only.

Sheriff's Office Communications Division Recording Certification:

I certify that the E-MAIL or CD containing the .WAV file(s) of the telephone call(s) and/or radio traffic that you requested has been sent to you. It was made by me and is a true and accurate reproduction of the original recording. The original audio recording will be held for at least 100 days from the date of occurrence.

RADIO CHANNEL(S) RECORDED:

TELEPHONE CONSOLE(S) RECORDED:

COMMENTS:

ID Number:

DATE:

PRINT NAME:

TITLE/RANK: