



MARIN COUNTY SHERIFF'S OFFICE

1600 Los Gamos Drive, Suite 200

San Rafael, CA 94903

(415) 473-5312

RADIO & TELEPHONE AUDIO RECORDING DUPLICATION REQUEST & CERTIFICATION FORM

To: MARIN COUNTY SHERIFF'S OFFICE **Fax:** (415) 499-3636 **Date Submitted:**

Defendant Name: _____ **Case#/Event#** _____

Requested By: _____ **Court Case#:** _____

Requester Email: _____ **Recording Date:** _____

Requester Phone: _____ **Timeframe From:** _____ **Timeframe To:** _____

Select all that apply:

- 911/telephone calls
- Radio traffic

If applicable, do you need a copy of the CAD log

- Yes
- No

Reason for request: _____

Delivery method:

- Email
- CD (please provide mailing address)

Mailing address: _____

Additional Notes/Special Instructions: _____

Fields below this line are for use by MCSO COMM Personnel ONLY

SHERIFF'S OFFICE COMMUNICATIONS DIVISION RECORDING CERTIFICATION:

/CERTIFY THAT THE EMAIL 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 RECORDING WILL BE HELD FOR AT LEAST 100 DAYS FROM THE DATE OF OCCURRENCE.

Telephone Console(s) Recorded: _____ **From:** _____ **To:** _____

Radio Channel(s) Recorded: _____ **From:** _____ **To:** _____

Date request completed and sent to requestor: _____

ID#: _____ **Date:** _____

Name: _____ **Title/Rank:** _____

Comments: _____

"In Partnership with our Communities"

www.marinsheriff.org