



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/charges: _____

Delivery method:
 Email **Mailing address:** _____
 CD (please provide mailing address)

Additional Notes/Special Instructions: _____ **Date needed/court date:** _____

If Submit button doesn't work, save file to desktop, open your email & attach saved document to email & send to: mcsotapereq@marinsheriff.org

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: _____