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ELBERT COUNTY COMMUNICATION & OPERATION CENTER

Agency Recording Request Form

Type of Call: _____

Date of Call: _____ Date of Request: _____

Agency and Call Number: _____

Address / Location: _____

Time of Call: _____

Agency Requesting Recording: _____

Person Requesting Recording: _____

Reason For Request: _____

Contact Phone Nbr: _____

Channel or Phone Line Requested (Check Appropriate Boxes)

Elbert County Sheriff Radio:

Simla Fire - Radio:

E-911 Telephone/Admin Telephone

Agate Fire - Radio:

Elizabeth Fire - Radio:

NorthCentral Fire - Radio

Kiowa Fire - Radio:

Other:

Elbert Fire - Radio:

Rattlesnake Fire - Radio:

Comments _____

***** The Below Is For Communications Office Use Only *****

Name of Communications Technician: _____

Date Completed: _____ Time Completed: _____