

**ELBERT COUNTY SHERIFF'S OFFICE/DOUGLAS COUNTY DISPATCH
TAPE REQUEST FORM MUST BE PROCESSED WITHIN 72 HRS OF
REQUEST DATE & TIME TO THE RECORDS UNIT, NOT WHEN
RECEIVED BY DISPATCH**

REQUESTING PARTY AND INCIDENT INFORMATION:		
Case Report Number: _____	Date of Incident: _____	Time of Incident: _____
Location: _____	Event Number: _____	
Type of incident: _____	Other information about incident: _____	
Name & Phone of Requesting Party: _____		
IF REQUESTING PARTY IS DCSO DEPUTY – SUPERVISOR'S SIGNATURE REQUIRED: _____		
DATE REQUESTED: _____		
DESIRED INFORMATION TO BE PLACED ONTO TAPE: (check all that apply)		
<input type="checkbox"/> Phones	<input type="checkbox"/> Radio	
<input type="checkbox"/> E911	<input type="checkbox"/> Other _____	
ADDITIONAL INSTRUCTIONS: _____		
RECORDS SECTION		
CLERK PROCESSING REQUEST: _____		
	<small>PRINT NAME</small>	<small>OSN</small>
Supervisor Approval: _____	DATE: _____	Beast Checked: _____
		<small>Initials & OSN & Date</small>
Date & time request forwarded to dispatch: _____		

DISPATCH SECTION		
Dispatch Supervisor receiving request: _____	Date: _____	Time: _____
TAPE PULLED AND CREATED BY: _____		
RESEARCH TIME: _____	COST FOR RESEARCH:\$ _____	
<small>(TO BE COMPLETED BY PERSON CREATING TAPE. COST IS \$15.00/HOUR, WITH A MINIMUM OF \$15.00. LAB CHARGES \$8.00 AS A DUPLICATION FEE WHEN A DUPLICATE TAPE IS MADE OF A MASTER TAPE)</small>		
Not able to complete request for the following reason: <input type="checkbox"/> Not our case / Unable to locate <input type="checkbox"/> Phones <input type="checkbox"/> Radio <input type="checkbox"/> E911		
Date & time request and tape forwarded: _____	Request was sent to: _____	
(When determining who to forward tape to remember: CR # = Lab / Event # only = Records)		

LAB OR RECORDS FOR RELEASE OF TAPE TO REQUESTING PARTY:		
Date and time request and tape received: _____		
TOTAL COST FOR RESEARCH & TAPE to include any lab fees:\$ _____		
Date and time released to requesting party: _____		
Released by: _____	OSN _____	Division _____
If release done by Lab, Date and time form returned to Records for scanning: _____		