

# Kenosha Joint Services Communications Audio Request Form

**Instructions:** This form is to be completed by those making Open Records Requests and/or Agencies requesting audio recordings. Recordings are retained for 121 days.

Please fax or email to Kenosha Joint Services: Fax: 262-605-5075 Email: [recordings@kenoshajs.org](mailto:recordings@kenoshajs.org)

## Section 1 Requestor completes this box

Incident Number \_\_\_\_\_

Date of request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency or Department: \_\_\_\_\_

Name: \_\_\_\_\_ Reason for request: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

What are you requesting?  911 Call  Phone Call  Radio Length of Call:  <1Min  >1 Min  >5 Min  >10 Min

Incident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Nature of the Incident? \_\_\_\_\_

Incident Location: \_\_\_\_\_

Voices on recording? Party one:  Male  Female Party two:  Male  Female

Content of Call? \_\_\_\_\_

\_\_\_\_\_

## Section 2 Department Authorization

Agency Name: \_\_\_\_\_ Your Name: \_\_\_\_\_ *Print*

Authorizing Signature: \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_ *Date*

Comments \_\_\_\_\_

*If authorizing personnel does not want this placed into evidence, (for internal investigations, etc.), indicate on comment line.*

## Section 3 Completed by KJS

This request was received by KJS on: \_\_\_\_/\_\_\_\_/\_\_\_\_ *Date*

Copy on File in Evidence:  Yes  No \_\_\_\_\_ *Initial*

Request sent to:  Evidence  Dispatch \_\_\_\_/\_\_\_\_/\_\_\_\_ *Date*

Audio sent to:  Evidence  DA \_\_\_\_\_ Department:  Electronic  CD

Requested audio completed on \_\_\_\_/\_\_\_\_/\_\_\_\_ *Date* by: \_\_\_\_\_ *Name*