

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 120 days.

Please fax or email to Kenosha Joint Services: Fax: 262-605-5075 Email: recordings@kccjs.org

Section 1 Requestor completes this box

Incident Number _____

Date of request: ____/____/____

Agency or Department: _____

Name: _____ Reason for request: _____

Address: _____ Phone: _____

City: _____ State _____ Zip _____

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*