

Lancaster County-Wide Communications



Audio Duplication Request Form

Name _____ Title _____
 Agency _____ Phone _____

Duplication Format Condensed Time Real Time
 Date of Incident: _____ Incident # _____
 Time of Incident: (From) _____ (To) _____

Section Requested:
 9-1-1 Telephone (Criminal Justice Only)
 Fire/EMS Telephone (Criminal Justice Only)
 Police Telephone (Criminal Justice Only)
 Police Radio Talk Group _____ (Criminal Justice Only)
 Fire/EMS Radio Talk Group _____

Nature of incident and reason for request (Investigation, Training, etc.)

You may email this request to AudioDuplication@LCWC911.us

***All CD's must be picked up at LCWC**

I authorize the above named individual access to the aforementioned incident.

 Printed Name Title (Authorized Individual)

 Signature Date

Disposition of Request:

 Printed Name (LCWC Representative) Title

 Signature Date

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