

Broomfield Police Department Request for Copy of Dispatch Tape

Date of Request: _____ **Case/CAD Number:** _____

Name of person making request: _____

Signature: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Date and Time of Incident: _____

Location of Incident:

Nature of Call (criminal event, auto accident, information, first aid, etc) : _____

Format: Cassette CD Emailed Wave File (address) _____ @ _____

Specific Instructions (911 recording, original phone call, initial dispatch): _____

Note: A minimum of three working days is required to process your request. The cost for each recording is \$20.00 and must be paid in advance. You will be contacted by phone when the tape/CD is available for you to pick up.

For Police Department Use Only

APPROVED DENIED BY: _____

REASON: _____

DATE RETRIEVED: _____ BY: _____

DATE REQUESTOR NOTIFIED: _____ BY: _____

PAID BY CASH CHECK FEE WAIVED