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## RIVERCOM 911

### REQUEST FOR CD REPRODUCTION

REQUESTING AGENCY/PARTY: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

LAW OR FIRE AGENCY CASE/INCIDENT NUMBER:  
\_\_\_\_\_

NAME OF DEFENDANT OR INVOLVED PERSON:  
\_\_\_\_\_

LOCATION OF OCCURRENCE:  
\_\_\_\_\_

PHONE NUMBER FROM WHERE THE CALL WAS MADE:  
\_\_\_\_\_

The following will be needed:

- \_\_\_\_\_ Original 9-1-1 call only
- \_\_\_\_\_ All 9-1-1 calls related to the incident
- \_\_\_\_\_ Radio traffic from \_\_\_\_\_ hours to \_\_\_\_\_ hours

Additional comments/instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Party Date