



GILPIN COUNTY SHERIFF'S OFFICE

REQUEST FOR COPY OF COMMUNICATIONS MEDIA

\$25 FOR FIRST COPY AND \$10 FOR EACH DUPLICATE

CR: _____ DATE OF REQUEST: _____

AGENCY: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

TYPE OF INCIDENT: _____

PERSON/AGENCY REQUESTING MEDIA: _____

CONTACT PHONE NUMBER(S): _____

TYPE OF RADIO TRAFFIC NEEDED LAW FIRE EMS ALL

TYPE OF PHONE TRAFFIC NEEDED LAW FIRE EMS ALL

COPY OF CAD ENTRY NEEDED YES NO

TIME CONDENSED FORMATE YES NO

(silence skipped - selecting NO could result in multiple cd's)

- INTERNAL USE ONLY -

DATE REQUEST REC'D: _____ DATE APPROVED: _____

PERSON APPROVING RELEASE: _____

MEDIA MADE BY: _____ DATE MEDIA MADE: _____

MEDIA RELEASED BY: _____ DATE OF RELEASE: _____

MEDIA RELEASED TO (Name/Agency): _____

SIGNATURE OF PERSON RECEIVING MEDIA: _____

NOTES: _____

