



**CLEARFIELD COUNTY EMERGENCY
MANAGEMENT / 9-1-1**
Standard Operating Procedures

SOP #: General 1-09

Subject: Request for Logging Recorder Information

Initial:
Revised:
10-2019

REQUEST FOR LOGGING RECORDER INFORMATION

This form is for the exclusive use of the public safety departments that are directly dispatched by the Clearfield County 9-1-1 Center

- Request for recording to be emailed.
- Request for a recording copy to be made. (A *CD must accompany this request.*)

Requester: _____ **Department:** _____

Requester's Signature: _____ **Date:** _____

Requester's email:

Nature of incident to be searched:

_____.

What detail(s) of this incident are you requesting to be searched/recorded?

_____.

Date: _____ **Time:** _____ **of incident.**

Is the information you require on:

- Telephone Radio: Police Channel Fire Channel
- EMS Channel Other _____

Signature of Department Head: (If Required, prior to submission)

Title: _____

This completed form (and CD, if required) should be submitted to the 911 Coordinator within 25 days of the aforementioned incident.

The Clearfield County Communications Center cannot guarantee that recording systems are continually operational and/or understandable at all times.