

	CLEARFIELD COUNTY EMERGENCY MANAGEMENT / 9-1-1 Standard Operating Procedures	Initial:
	SOP #: General 1-09	Revised: 10-2019
	Subject: Request for Logging Recorder Information	

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

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