



North Marion County Communications **Confidential Tape Request Form**

INSTRUCTIONS

If you are requesting a copy of a confidential communications tape, you must submit this form with complete information and approval.

1. Place a check mark in the appropriate category, i.e., Law Enforcement, Attorney, Prosecution, etc.
2. **Date of Request:** This is the date you are submitting the request.
3. **Date Needed:** This is the specific date on which you need to have the tape in your possession. "ASAP" is not specific enough.
4. **Incident Date/Time:** Date and time the incident occurred. Be as accurate as possible. Incorrect or insufficient information causes extensive research resulting in a significant delay. It may also result in additional monetary changes for citizen and attorney request.
5. **Incident Type/location:** For the reasons previously cited, be as specific as possible.
6. **Name of Defendant/Calling Party:** Please list the name of the defendant or the person who placed the call received by the communications center, and identify which you are providing by marking the appropriate box.
7. **Incident/Case #:** This is the identification number assigned by the computer system, and can be obtained by calling the communications center at (503)982-2340.
8. **Information Requested:** Tape reproduction is a time consuming activity, accomplished as time allows by on-duty personnel. You can expedite your request by being clear and specific regarding what you need recorded. This will eliminate time spent researching, monitoring, and possibly recording unnecessary information. This is particularly important if the requests for radio transmissions and the event spanned several hours.
9. **Reason for Request:** Please be specific. You do not have to reveal anything confidential but "review" (for example) is not an adequate explanation. If your request involves an allegation against or inquiry regarding communications center personnel or procedures, please forward it to the communications director at (503) 982-2344 for investigation.
10. **Disclaimer:** This is to be read and signed by the person requesting the tape. The cassette tape is a copy of a confidential communications tape, and the material thereon is released for use as approved only.
11. **Authorizing Signature: ONLY the following may authorize a tape release:** District Attorney (or representative), City Attorney, NORCOM Director, Fire Chief (or Chief Officer), Police Chief (or designee), Director of the EMS provider. The audio tape and printed records held in NORCOM are property of the lead agency that investigated or handled the incident. Records will only be released after authorization has been received from the lead agency.
12. **Fax:** When the form is completed please fax pages 2 and 3 to North Marion County Communications at (503) 982-2375
Mail: North Marion County Communications
270 Montgomery St,
Woodburn , Oregon 97071
Attn: Tape Request
13. **Cost:** \$45.00 per hour (1 hour minimum), \$5.00 for equipment (CD), \$5.00 for each page of the cad record printout. **(cost subject to change without notice)**



Confidential Tape / Records Request Form

- Law Enforcement Agency Attorney: _____
- Citizen
- Fire/EMS Agency

- Prosecution
- Defense
- Private

for Norcom use only

Date Received _____

Date of Request: _____ Date Needed: _____
 Incident Date: _____ Incident Time: _____
 Incident Type: _____
 Incident Location: _____
 Name of Defendant or Calling Party: _____
 Incident or Case Number: _____

Information requested

Phone Call / Line Police Radio Dispatch Fire Radio Dispatch

Other Radio Traffic (Be Specific): _____

When requesting a copy of radio traffic, please specify how far into the incident you need,, i.e., Dispatch only; until units arrive on scene; until the incident is "under control" or suspect is in custody, etc.

Requested By (Name) _____
 Agency _____
 Phone: _____
 Reason for Request _____

I the undersigned, understand that this is a copy of an original confidential tape, and certify that it will not be reproduced or used for reasons other then those documented by this authorization.

Authorizing Signature: _____ Date: _____
 Requesting Party _____
 Title: _____

FOR NORCOM USE ONLY	
Reviewed By: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Special Instructions: _____	
Completed Date/By: _____	
Time Required _____	Tape Length: <input type="checkbox"/> 30 Min <input type="checkbox"/> 60 Min <input type="checkbox"/> CD <input type="checkbox"/> .wav File <input type="checkbox"/> email
Notes: _____	