



Warren County Department of Public Safety

1024 Route 57

Washington, NJ 07882-9618

Phone: (908) 835-2000 Fax: (908) 835-2062



RADIO & TELEPHONIC LOGGING RECORDING REQUEST

Name: _____ Title: _____
 Agency: _____ Phone: _____
 CAD Incident #: _____ Date: _____ Time: _____ hrs.
 Location: _____ Town: _____

RADIO RECORDING INFORMATION

RADIO CHANNEL(S)	DISPATCHER ID	CONSOLE #	START TIME	FINISH TIME

THE ABOVE INFORMATION MUST BE COMPLETELY FILLED OUT IN ORDER TO TIMELY PROCESS THE REQUEST

TELEPHONIC RECORDING INFORMATION

CALLER PHONE #	DISPATCHER ID	CONSOLE #	START TIME	FINISH TIME

THE ABOVE INFORMATION MUST BE COMPLETELY FILLED OUT IN ORDER TO TIMELY PROCESS THE REQUEST

Nature of Incident: _____

Reason for Request: _____

YOU MUST SUBMIT A COPY OF THE CAD INCIDENT REPORT WITH THIS REQUEST! Logging recordings are available for a minimum of sixty (60) days from date of incident. Requests for recordings over sixty (60) days may require additional time to process. Older requests will be handled on a case by case request as the software retains recordings until capacity is reached. Request for recording playback or copy will only be granted when authorized by the chief officer of the agency. Emergency Services agencies may only receive recordings of incidents in which they are the primary agency involved. The undersigned certifies that the information from this recording will be utilized in conduct of official business of their agency and for the sole and express purpose(s) outlined above. Any other use or disclosure may expose the undersigned and/or their agency to legal and/or criminal liability. Recording must be picked up in person and signed for. Any recordings not picked up within ten (10) days of being notified that recording is ready will be destroyed and a new request must be filed, providing the recording is still available. Please allow one (1) week for processing. Under no circumstances will original recordings be released.

Requesting Officer: _____ Date: _____

Supervising Officer: _____ Date: _____

CD Authorized & Completed by: _____
INITIALS DATE TIME CD SERIAL #

Released **By**: _____ Released To: _____ Date: _____

Disposition: _____