

**VAIL PUBLIC SAFETY COMMUNICATIONS CENTER**

75 S FRONTAGE RD W.  
 VAIL, CO 81657  
 Phone: 970-479-2200  
 Fax: 970-479-3434  
 vpsccsup@vailgov.com

**REQUEST FOR COPY OF DIGITAL RECORDING INFORMATION OR  
 PAPER DOCUMENTATION**

NOTICE: Be advised that in most recordings provided, the silence in between transmissions will be redacted.

<b>INCIDENT INFORMATION REQUEST</b>		<b>CAD Incident or Case #:</b>	
<b>Date of Incident:</b>		<b>Officer(s) Involved:</b>	
<b>Location of Incident:</b>		<b>Type of Incident:</b>	
<b>Specific Starting Time:</b>		<b>Specific Ending Time:</b>	
<b>Information Items Needed:</b>	<input type="checkbox"/> Dispatch Talk Group <input type="checkbox"/> CAD Notes	<input type="checkbox"/> 911/Original Call/or specify:	

<b>Date of Request:</b>		
<b>Date recording/documentation needed (mandatory):</b>		
<b>Name - Requesting Individual &amp; Phone # (Printed):</b>		
<b>Signature of Requesting Individual:</b>		
<b>Method of delivery:</b>	<input type="checkbox"/> Pick Up in Person <input type="checkbox"/> Mailed	
	<input type="checkbox"/> Email (wav file): _____	
<b>Mailing Address:</b>		

*If additional information is needed, please provide specific request and explain exactly what is needed.*

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**FOR OFFICE USE ONLY**

<b>District Attorney's Office:</b> <input type="checkbox"/> OK for release <input type="checkbox"/> Denied by DA's Office <input type="checkbox"/> Will be released through discovery process <input type="checkbox"/> Other: _____		
<b>Request Completed by:</b>	<b>Date Completed:</b>	<b>Payment Received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No