Lancaster County-Wide Communications





Audio Duplication Request Form

			TitlePhone	
Duplication Format Date of Incident: Time of Incident: Section Requested: [Condensed Time (From) 9-1-1 Telephone Fire/EMS Telephone Police Telephone Police Radio Talk Group Fire/EMS Radio Talk Gr	_	(Criminal Justice Only) (Criminal Justice Only) (Criminal Justice Only) (Criminal Justice Only)	
*The completed CD will b	d reason for request (Inve	ted.		
I authorize the above	named individual access t	to the	aforementioned incident.	
Printed Name Signature		Title (A	Authorized Individual)	
Disposition of Reques	st:			
Printed Name (LCWC Representative)		Title		
Signature		Date		

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