



**FREDERICK COUNTY EMERGENCY COMMUNICATIONS CENTER
Business Records Request**



DATE OF REQUEST: _____

REQUESTED BY: _____ PHONE: _____

AFFILIATION / DEPARTMENT: _____

INCIDENT NUMBER: _____

INCIDENT LOCATION: _____

INCIDENT DATE: _____ INCIDENT TIME: _____

Type of Record Requested: CAD Radio Transmissions Phone MDT messages

REASON FOR REQUEST: _____

ADDRESS OF REQUESTING PARTY: _____

MAILING ADDRESS OF
REQUESTING PARTY (if different): _____

SIGNATURE OF REQUESTING PARTY: _____

Mail or deliver to:

**Frederick County Department of Emergency Communications
Law Enforcement Center
110 Airport Drive East
Frederick, Maryland 21701**

Or FAX to

301-600-2811

A SUBPOENA MAY BE REQUIRED FOR COMPLIANCE WITH THIS REQUEST.

Due to security and confidentiality of the information requested, only selected staff members are permitted to distribute tapes. As such, the time to pick up your requested information **MUST be scheduled in advance to assure personnel availability."

<i>Office Use Only</i>	
Commander's Signature (<i>Sheriff's Office use only</i>) _____	
Date received _____	Date sent to County Attorney _____
Date clearance received from Co Attorney _____	Date completed _____