911 Record Request Form

Email Record Requests to DESRecords@countyofberks.com or Fax 610-655-4902

Requesting Department: _____

Requestor Name: _____

Requestor Contact #: _____ **Extension:** _____

Requestor Email: _____

Date of Request: _____

Provide the following information:
Telephone Audio WILL NOT be released unless a reason is provided

Reason for Request: _____

Incident Date: _____ **Incident Time:** _____
Incident/CFS #: _____ **Incident/Call Type:** _____

Incident Location: _____
Nature/Description of Incident: _____

Information Requested:
☐ **e911 Data**   ☐ **911 Telephone Audio**
☐ **10-digit/Admin Telephone Audio**   ☐ **Text to 911 printout**
☐ **Radio (Talk Group required)**
Talk Group Requested: _____

All Incidents requested will receive incident detail printout

Signature of Chief/Supervisor of Requestor: _____

Print Name of Chief/Supervisor: _____

Internal Use Only   Date Received: _____

Processed By: _____   Signature: _____

Date Processed: _____

Release Authorized By: _____   Signature: _____

Date Released: _____

"To Assess, To Assist, To Advise"