



# County of Berks Department of Emergency Services

DirectLink Technology Center ♦ 2561 Bernville Road ♦ Reading, PA 19605

## 911 Record Request Form

Email Record Requests to [DESRecords@berkspa.gov](mailto:DESRecords@berkspa.gov) 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"**