



# County of Berks Department of Emergency Services

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

## 911 Record Request Form

Requesting Department: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Requestor Contact #: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Incident # \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Please provide the following information:

Incident Detail Printout ONLY

Telephone Audio

Radio Transmission Audio

Frequency: \_\_\_\_\_

\*\* All Incidents requested will receive incident detail printout\*\*

Nature/Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chief / Supervisor Signature: \_\_\_\_\_

**Internal Use Only**

Date Received: \_\_\_\_\_

Processed By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Release Authorized By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Released \_\_\_\_\_

"To Assess, To Assist, To Advise"