



# County of Berks Department of Emergency Services

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

## Incident History Audit Request Form

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

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

Requestor Contact Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Incident Number: \_\_\_\_\_

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

Please provide the following information

Nature/Description of Incident and reason for the request:

---

---

---

---

---

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

### Internal Use Only

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

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

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

"To Assess, To Assist, To Advise"