

Berkeley County Emergency Communications

802 Emmett Rousch Drive, Suite A Martinsburg, WV 25401 Phone 304-263-1340, Fax 304-264-4468



RECORDING(S) REQUEST FORM

Requester: ————————	Agency:
	EmailCAD() Phone() Radio()
Incident Date: Time:	Location: ——————
Type of Incident: ———————	
Reason for Holding: ———————	
	Date:
Recording(s)	Technician Form
Recording(s) Made By: ——————	Date:
File Saved As:	
Recording(s	s) Receipt Form
I acknowledge receipt of a true 9-1-1 call, radio tran	smission, and/or CAD sheet as requested.
Name of Person Receiving Recording(s) (Please	ePrint):
Signature of Person Receiving Recording(s): -	
Relationship to Person Requesting Recording	(s):
Emergency Communications Representative	e: Date: