

**ROUTT COUNTY COMMUNICATIONS  
REQUEST FOR PHONE/RADIO RECORDING**

Requested by \_\_\_\_\_ Date of Request \_\_\_\_\_

Agency \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for request \_\_\_\_\_

\_\_\_\_\_

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Date / time of tape \_\_\_\_\_

Agency(s) involved \_\_\_\_\_ Case # \_\_\_\_\_

Name(s) involved \_\_\_\_\_

\_\_\_\_\_

Circumstances \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Need: phone conversation \_\_\_\_\_ radio conversation \_\_\_\_\_ both \_\_\_\_\_

Date needed (minimum of 24 hours) \_\_\_\_\_

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Approved by \_\_\_\_\_ Date \_\_\_\_\_

(Director)

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Tape provided \_\_\_\_\_ Tape returned \_\_\_\_\_

Date tape completed \_\_\_\_\_ By \_\_\_\_\_

Time to complete tape \_\_\_\_\_ Cost \_\_\_\_\_