CLEVELAND DIVISION OF POLICE

DIVISIONAL INFORMATION

| DIST/BUR            | ZONE                                    | 20              | ) |
|---------------------|---|-----------------|---|
| EXAMINED BY<br>FROM | RANK                                    | то              | ) |
| SUBJECT:            | Request for Copy of Bureau of Communica | tions Recording |   |

COPIES TO: Bureau of Communications, Unit Files

## **REQUEST FOR RECORDING**

Please provide a copy of the following recording: (*Recordings will be copied on to a CD unless otherwise indicated*)

| <b>TELEPHONE RECORDING</b>                       | DISPATCH RECORDING |  |  |  |
|--|--------------------|--|--|--|
| Incident Date:                                   | Incident Time:     |  |  |  |
| Incident Location:                               |                    |  |  |  |
|  |                    |  |  |  |
| RMS Number:                                      |                    |  |  |  |
| Incident Car Number:                             |                    |  |  |  |
| Unit Assignment & Telephone Number of Requestor: |                    |  |  |  |
|  |                    |  |  |  |
| Reason for Request:                              |                    |  |  |  |
|  |                    |  |  |  |
|  |                    |  |  |  |
|  |                    |  |  |  |
|  |                    |  |  |  |

## \*Master recordings may be purged after 2 years\*

| City e-mail address (if recording to be e-mailed): | @city.cleveland.oh.us |
|--|-----------------------|
| Additional Information:                            |                       |
|  |                       |

Respectfully,

For Bureau of Communications use only

| Date         |  |
|--------------|--|
| Completed    |  |
| CCS Tracking |  |
| #            |  |