Print Form

PINAL COUNTY SHERIFF'S OFFICE
COMMUNICATIONS DIVISION
RECORDING REPRODUCTION REQUEST

DATE & EVENT INFORMATION

Today's Date

Date Needed By

Full Event Number

Rule 15 Request? Yes { } No { }

YOUR PERSONAL INFORMATION

Name

Employee ID

Rank

PURPOSE OF RECORDING

What is needed? { } Radio Transmissions { } Telephone calls

Purpose

Evidence

Media

Other Agency

Investigation

Remove silences { } Yes { } No (Choosing Yes will shorten the actual play time)

Comments:

THE FOLLOWING SECTION IS FOR THE RECORDS DIVISON USE ONLY
PLEASE CHECK ALL THAT APPLY. (IF YOU DO NOT WORK IN RECORDS, DO NOT USE THIS SECTION)

This request is for:

Public ☐

Other Agency ☐

County Attorney ☐

City Prosecutor ☐

Other ☐

An Affidavit will be included with all requests for County Attorney.

You can either fax this request to 520-866-5293 or email it to Lynda.Ellsworth@pinalcountyaz.gov