



Jefferson County Emergency Communications Center

28 Industrial Blvd, Suite 100 Kearneysville, WV, 25430
Phone: 304/728-2100x2200 • Fax: 304/725-5436

INCIDENT INFORMATION / VOICE LOGGING RECORDER REQUEST LAW ENFORCEMENT / CRIMINAL JUSTICE AGENCY ONLY

Date: _____ Telephone _____

Requestor Name / Agency / Title: _____

_____ Copy of Tape _____ Copy of Incident Cards

The following information is needed in order for the Emergency Communications Center to process your request:

INCIDENT DATA

Reason for Request _____

Subpoena: _____ Yes _____ No Subpoenaed By: _____

Date of Incident _____ Time of Incident _____ to _____

Agency / Individuals Involved:

Location and Nature of Incident:

I UNDERSTAND THAT THE INFORMATION I RECEIVE IS TO BE USED FOR THE PURPOSE AS OUTLINED ABOVE, AND THAT ANY OTHER USE OR DISCLOSURE NON-CONFORMING TO WV CODE § 29B-1-3 AND § 29B-1-4 MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Signature: _____ Date: _____

Request Completed By: _____ Date: _____

Released to: _____ Released by: _____

Request Number: _____ **Date:** _____