



Radio Traffic Recording Request

Date of Requested:

Requesting Agency:

Phone:

Agency P.O.C.:

Title:

Reason for audio request:

Start & End time and date of Occurrence:

Radio Talkgroup(s) Needed:

Talkgroup(s) Custodian:

Name and DSN of ECN Staff creating recording(s):

Forward request to Lt. Robert Fumagalli, Custodian of Records at: RFumagalli@stlouiscountymo.gov

TO BE COMPLETED WHEN AUDIO RECORDING IS PICKED UP

Signature: _____

Print Name: _____

Date: _____

Approved:

Lt. Robert Fumagalli, Custodian of Records