



## Marion Area Multi-Agency Emergency Telecommunications Confidential Tape Request Form

### **INSTRUCTIONS**

If you are requesting a copy of a confidential communications tape, you must submit this form with complete information and approval.

1. Place a check mark in the appropriate category, i.e., Law Enforcement, Attorney, Prosecution, etc.
2. **Date of Request:** This is the date you are submitting the request.
3. **Date Needed:** This is the specific date on which you need to have the tape in your possession. "ASAP" is not specific enough.
4. **Incident Date/Time:** Date and time the incident occurred. Be as accurate as possible. Incorrect or insufficient information causes extensive research resulting in a significant delay. It may also result in additional monetary charges for citizen and attorney request.
5. **Incident Type/location:** For the reasons previously cited, be as specific as possible.
6. **Name of Defendant/Calling Party:** Please list the name of the defendant or the person who placed the call received by the communications center, and identify which you are providing by marking the appropriate box.
7. **Incident/Case #:** This is the identification number assigned by the computer system, and can be obtained by calling the communications center at (503)982-2340.
8. **Information Requested:** Tape reproduction is a time consuming activity, accomplished as time allows by on-duty personnel. You can expedite your request by being clear and specific regarding what you need recorded. This will eliminate time spent researching, monitoring, and possibly recording unnecessary information. This is particularly important if the request is for radio transmissions and the event spanned several hours.
9. **Reason for Request:** Please be specific. You do not have to reveal anything confidential but "review" (for example) is not an adequate explanation. If your request involves an allegation against or inquiry regarding communications center personnel or procedures, please forward it to the communications director at (503) 982-2344 for investigation.
10. **Disclaimer:** This is to be read and signed by the person requesting the tape. The tape is a copy of a confidential communications tape, and the material thereon is released for use as approved only.
11. **Authorizing Signature: ONLY the following may authorize a tape release:** District Attorney (or representative), City Attorney, METCOM Director, Fire Chief (or Chief Officer), Police Chief (or designee), Director of the EMS provider. If you are an attorney, media, investigator or citizen please sign the "Requesting Party" line and leave the "Authorizing Signature" line blank. The audio tape and printed records held by METCOM are property of the lead agency that investigated or handled the incident. Records will only be released after authorization has been received from the lead agency.

12. **Fax:** When the form is completed please fax pages 3-4 to Marion Area Multi-Agency Emergency Telecommunications at (503) 982-2375, or mail to

METCOM 9-1-1  
Attn: Tape Request  
1060 Mt. Hood Ave.  
Woodburn , Oregon 97071

13. **Cost:** \$25.00 per hour (1 hour minimum, includes the first 15 pages of a CAD report). Additional pages will be charges at \$1.00 per copy for standard letter size copies. Additional audio record or records research time will be charged in ¼ hour increments. METCOM will charge \$5.00 for CD supplies and postage if used. If a request is fulfilled using email CD and postage charges will not be imposed. **Cost is subject to change without notice.**
14. **Public Record Information:** METCOM has five business days to either (a) acknowledge the request, or (b) complete the request. After acknowledging the request and within an additional 10 business days (for a total of 15 business days after receiving the request) METCOM must: Complete the request or provide a written statement that METCOM is still processing the request and provide a reasonable estimated completion date.

If you have questions about this form or the process of requesting audio files or a CAD report please contact Wendy Patterson, METCOM Administrative Services Manager at 503-982-2349



## Confidential Tape/Records Request Form

<u>Law Enforcement Agency</u>	<u>Attorney for the:</u>	<u>Defense</u>
<u>Fire / EMS Agency:</u>		<u>Prosecution</u>
<u>Citizen</u>		<u>Private / Other</u>
<u>Media</u>		

Date of Request: \_\_\_\_\_ Date Needed: \_\_\_\_\_  
 Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_  
 Incident Type: \_\_\_\_\_  
 Incident Location (include City) \_\_\_\_\_  
 Name - Defendant \_\_\_\_\_ Calling Party: \_\_\_\_\_  
 Incident / CFS / Case No. \_\_\_\_\_

<b>Information Requested:</b>			
<input type="checkbox"/> Police Radio Dispatch	<input type="checkbox"/> Other Radio Traffic (Be Specific)		
<input type="checkbox"/> Fire Radio Dispatch	<input type="checkbox"/> Phone Call		
<input type="checkbox"/> CAD Record Print			
(When Requesting a copy of radio traffic please specify how far into the incident you need – i.e.: Dispatch only; until units arrive on scene; until the incident is “under control” or suspect in custody; etc.)			
<b>Delivery Method:</b>			
<input type="checkbox"/> US Mail (CD)	<input type="checkbox"/> Pickup (CD)		
<input type="checkbox"/> Email (.wav file)			
Requested By:			
Agency			
Phone			
Email			
Reason for Request			

I, the undersigned, understand that this is a copy of an original ***confidential*** tape, and certify that it will not be reproduced or used for reasons other than those documented by this authorization. I also understand that it is my responsibility to read the instructions provided on Pages 1-2 of this form. By signing this form I agree to the costs outlined in the instruction portion of the request.

Requesting Party: \_\_\_\_\_ Title: \_\_\_\_\_  
 Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR METCOM USE ONLY**

Date Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Approved  Disapproved      Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Time Required:     30 min     60 min     90 min     N/A  
 Delivered Via     CD/Mail     Document/Mail     CD/Pickup     E-Mail     Other

Notes: \_\_\_\_\_

	X	\$	+	\$	+	\$	=	\$
Time Required		Cost per hour		Supplies		Equipment Fee		Total

Receipt #/Date \_\_\_\_\_

Initials \_\_\_\_\_