

Submit via email to:

Submit via U.S. Mail to:

sccec_help@sccmo.org

**St. Charles County
Department of Emergency Communications
Audio and/or Records Request**

Emergency Communications
Attn: Records Request
1400 T.R. Hughes Blvd., Suite 300
O'Fallon, MO 63366

Name and Title of Individual Making Request: _____ Date: _____

Email Address Where Audio File Shall Be Sent: _____

Department / Agency / Firm Making Request: _____

Date of Incident: _____ Time of Incident: _____

Address / Location of Incident: _____

Reason for Request: _____

How are you involved with this incident: _____

Audio Request: Yes ___ No ___ CAD Request: Yes ___ No ___

Please Indicate Section(s) of Audio Recording Needed:

- Reportee(s) Only: ___ Yes ___ No
- Up to and including Dispatch: ___ Yes ___ No
- Up to and including Arrival on Scene: ___ Yes ___ No
- Up to and including situation under control: ___ Yes ___ No
- Up to and including Enroute to Hospital: ___ Yes ___ No
- Up to and including Arrival at Hospital: ___ Yes ___ No
- Entire Incident: ___ Yes ___ No

Do Not Write Below This Line

Date Received: _____ Received By: _____

Date Audio File Prepared: _____ Prepared By: _____

Date Release Approved By County Legal: _____ Approved By: _____

Date Release Approved By Director: _____ Director's Signature: _____

Date Released: _____ Released By: _____