## **COUNTY**OF **SAN MATEO**PUBLIC SAFETY COMMUNICATIONS

## CD & CAD Printout Requests

Requested by:			Req	Fillitout					
Requesting Agency:									
Date of Incident: Time			Start: End:						
Case Number:									
DA # CT#									
Location of Incide									
Incident "Type":									
**Please note that normal processing is 10-15 working days (Mon-Thurs). Please indicate date when this request needs to be completed by:  Please complete appropriate section below (Insert X where applicable):									
LAW ENFORCEMENT USE ONLY			FIRE SERV	EMERGENCY MEDICAL					
Audio-		Ident	ify channe	SERVICE USE ONLY					
Real Time (dead air included):		note	start/stop	Identify Talk Group(s) & note					
Condensed Time:		Radio	)	start/stop time:					
Radio Channels		Cha	Channel		Stop	Radio			
Channel				Time	Time	Channel	Start	Stop	
EPA:	EMS:	Cor	itrol:				Time	Time	
BRD:	Green:	Cor	nmand:			Red:			
SOS Pat Pri 1:	TAC1:	Tac	tical:			MCI1:			
SOS Pat Pri 2:	TAC2:	VFi	re:			MCI2:			
DCY:	TAC3:	Phon	es-			Hospital:			
Fire:		Initia	Initial Caller:			Phones-			
Phones-		Follo	w up phon	Initial Caller:					
Initial Caller:			mentation	Follow up phone calls:					
Follow up phone calls: Other:			of CD:	Documentat	Documentation-				
Documentation-			er CD Hold	Copy of CD:	Copy of CD: CAD Printout:				
Copy of CD: CAD Printout:							Master CD Hold:		
Master CD Hold:									

## Upon completion, please email Request to <a href="mailto:TapeRequest@smcgov.org">TapeRequest@smcgov.org</a>

For PSC Use Only				
Request received by:				
Date received:				
Request completed by:				
Date Completed:				
Sent By:				
Logged Date:				



