



Radio Traffic Recording Request

Date of Requested: _____

Requesting Agency: _____ Phone: _____

Agency P.O.C: _____ Title: _____

Reason of 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. Craig Molden, Custodian of Records at: CMolden@stlouisco.com

TO BE COMPLETED WHEN AUDIO RECORDING IS PICKED UP

Signature: _____

Print Name: _____

Date: _____

Approved _____

Lt. Craig Molden, Custodian of Records