

GASTON COUNTY COMMUNICATIONS INFORMATION REQUEST

DATE: _____

NAME: _____

ADDRESS and/or AGENCY: _____

PHONE: _____ FAX: _____

Email: _____

TYPE OF REQUEST: Records Audio Recording Both

For Audio Recordings: Radio Traffic Phone Call Both

Record Audio File To: Cassette Tape Compact Disk Send as Email

INCIDENT INFORMATION:

INCIDENT NUMBER: _____

DATE or DATE RANGE: _____ TIME or TIME FRAME: _____

ADDRESS OR LOCATION: _____

NATURE OF INCIDENT:

PERSONS INVOLVED: _____

DETAILS:

COMMUNICATIONS USE ONLY

Request Number: _____ Date Processed: _____

Time Started: _____ Time Completed: _____ Total Time: _____

Fee: _____ Paid by: Cash Check

Processed By: _____