



SUMMIT COUNTY COMMUNICATIONS CENTER

970-668-8600
fax 970-668-4224
Post Office Box 4188
0227 SCR 1003
Frisco, Colorado 80443

INCIDENT REQUEST INSTRUCTIONS

The Summit County Communications Center stores audio recordings for 2 years.
Therefore, your request must be made within 2 years after the incident in question.

To acquire a CD copy of the phone call, radio traffic and/or CAD printout between the Summit County Communications Center (SCCC) and its user agencies, the following steps must be taken:

1. Complete the attached Incident Request Form. All information requested must be provided in order to satisfactorily research and complete the request.
2. Return the completed form along with a check for \$35 made payable to Summit County Communications. The SCCC is located at 0227 Summit County Road 1003, behind the Summit Stage building in the County Commons in Frisco. The check can also be mailed to P.O. Box 4188, Frisco, CO 80443.

The \$35 fee is for recording any and all radio traffic which is public information. This charge also includes the staff time and materials in researching the call and the CAD report, as well as recording the call. Due to the private nature of phone calls and the labor involved, an additional fee of \$22 per hour will be assessed for any request involving more than one hour of recording.

The CD can be mailed (please provide a complete mailing address on the Incident Request Form) or can be picked up at the SCCC in Frisco (please call first to determine if the CD has been made).

The release of any recorded incident must be approved by the public safety agency involved. Law enforcement agencies may deny the release of the recording if that incident is still under investigation and/or the recording is still considered evidence. The Summit County Communications Center will seek this approval on a case by case basis.



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INCIDENT REQUEST FORM

DATE OF REQUEST _____

PRIORITY: URGENT _____
(5-10 days)

NORMAL _____
(10-20 days)

* Due to our limited resources to process requests,
please do not over prioritize your turn around time
unless absolutely necessary.

LOW _____
(20-30 days)

VERY LOW _____
(over 30 days)

REASON FOR REQUEST (evidence, investigation, other) _____

AGENCY REQUESTING INCIDENT _____

AUTHORIZED BY _____

DATE OF INCIDENT _____

ADDRESS/LOCATION OF INCIDENT _____

TIME OF INCIDENT/START _____ END _____

INCIDENT TYPE _____

AGENCY INVOLVED _____ CASE # _____

WHAT YOU WOULD LIKE RECORDED: PHONE CALL(S) _____

CAD PRINTOUT _____ RADIO TRAFFIC _____

If this is a non-law enforcement agency request, please write your name, address and contact number below:

CD MADE AND LOGGED BY _____ DATE _____

CAD PRINTED AND LOGGED BY _____ DATE _____

TIME SPENT TO MAKE CD/PRINTOUTS _____

Please keep a copy of this completed form for your records.