



970.668.8600 - desk

PO Box 4188  
0227 County Shops Rd (CR 1003)  
Frisco, Colorado 80443

## INCIDENT REQUEST INSTRUCTIONS

**The Summit County 911 Center stores audio recordings for 2 years.  
Therefore, your request must be made within 2 years after the date of the incident.**

To acquire an electronic copy of the phone call(s), radio traffic and/or CAD printout between the Summit County 911 Center (SC911) and its user agencies, the following steps must be taken:

1. Complete the Incident Request Form - Public. All information requested on the form 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 911 Center. The check can be mailed to PO Box 4188, Frisco, CO 80443. You can also drop off payment at the 911 Center which is located at 0227 Summit County Road 1003, Emergency Services Bldg. (behind the Summit Stage building in the County Commons) in Frisco. We also accept cash in person. We apologize, but we do not accept credit cards.

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 calls.

The completed incident packet can be emailed electronically (*please provide an email address on the Incident Request Form as well as a phone number in case we have questions*). If you do not want an electronic copy sent via email, please bring or mail a thumb drive to our office, and we will make a copy.

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 911 Center will seek this approval on a case by case basis.



970.668.8600 - dispatch  
dispatch@summit911.org - email  
970.360.1076 - fax  
0227 County Shops Rd (CR 1003)  
Frisco, Colorado 80443

## INCIDENT REQUEST FORM - PUBLIC

DATE OF REQUEST \_\_\_\_\_

PRIORITY: URGENT \_\_\_\_\_  
(5-10 days)  
LOW \_\_\_\_\_  
(20-30 days)

NORMAL \_\_\_\_\_  
(10-20 days)  
VERY LOW \_\_\_\_\_  
(over 30 days)

REASON FOR REQUEST \_\_\_\_\_

CONTACT EMAIL \_\_\_\_\_

INCIDENT # \_\_\_\_\_

INCIDENT TYPE \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_

START TIME OF INCIDENT \_\_\_\_\_

ADDRESS/LOCATION OF INCIDENT \_\_\_\_\_

WHAT YOU WOULD LIKE RECORDED: PHONE CALL(S) \_\_\_\_\_

CAD INCIDENT REPORT \_\_\_\_\_ RADIO TRAFFIC \_\_\_\_\_

Please include your name, mailing address, phone # and email below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Internal Use – 911 Center Staff to Complete)*

911 CENTER INCIDENT TITLE: \_\_\_\_\_

INCIDENT CREATED BY \_\_\_\_\_ DATE \_\_\_\_\_

INCIDENT SENT SECURLY TO \_\_\_\_\_ DATE \_\_\_\_\_

PAYMENT RECEIVED \_\_\_\_\_