



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 incident in question.**

To acquire a CD copy of the phone call, 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 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 911 Center. The SC911 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.

The CD can be mailed (please provide a complete mailing address on the Incident Request Form as well as a phone number) or can be picked up at the SC911 dispatch center 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 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 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 _____