



Metro Communications

911

500 North Minnesota Avenue  
Sioux Falls, South Dakota 57104

Public Safety Building  
Telephone (605) 367-7218

**AUDIO RECORDING REQUEST**

- \*Blank CD or cassette tape required or the recording will be emailed.
- \*Subpeona's are required for requests from Citizens, Public Defender, Public Advocate, and Private Attorneys
- \*There is a \$30.00 fee per recording.
- \*Requests may be faxed to 605-367-5994, hand delivered to Metro Communications or mailed to the letterhead address, Attn: Assistant Director

Request Date & Time: \_\_\_\_\_

Person Requesting Recording: \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Agency: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Incident # \_\_\_\_\_ Reason for Copy: \_\_\_\_\_

**Request Phone Call (s)** How many calls are you aware of: \_\_\_\_\_

Do you know the phone numbers called from? \_\_\_\_\_

**Request Radio Traffic:** Be specific, What are you looking for? Give a start and end point. ie: from dispatch to arrival. What channels do you want recorded? \_\_\_\_\_

**Metro Communications Use Only:**

**Received by:** \_\_\_\_\_ **Date & Time** \_\_\_\_\_

**Recording Assigned To:** \_\_\_\_\_ **Date & Time** \_\_\_\_\_

**Start time:** \_\_\_\_\_ **End time** \_\_\_\_\_ **Charge:** \_\_\_\_\_

**Recording emailed** \_\_\_\_\_ **CD** \_\_\_\_\_ **Cassette Tape** \_\_\_\_\_

**If the charge exceeds one hour explain:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

