

VENTURA COUNTY SHERIFF'S DEPARTMENT
REQUEST FOR RECORDING REPRODUCTION

(Applies to Sheriff's Radio, Telephone Communications, and Computer Aided Dispatch Records Only)
Fax Number: (805) 654-9518

Mandatory Information:

Sheriff's Report No. _____ Date/Time of Incident _____

Location of Incident (Addresses and/or Cross Streets)

Geographical Area/City _____

Purpose of Request _____

Reproduction of Radio Telephone Call Computer Aided Dispatch Records

Date/Time (inclusive) of recording _____

Defendant Name(s) _____

Deputy(ies) by Car/Beat Assignment(s) _____

Additional Information _____

Person Requesting _____
PRINT NAME SIGNATURE

BUSINESS OR FIRM

PHONE NUMBER

DATE OF REQUEST

NOTE: *All requests for recording reproductions will require a MINIMUM of two (2) working days and may take up to ten (10) working days.*

PAYMENT: An appropriate fee may be charged for this service. At the time you submit your request for a recording reproduction, you will be given an estimated cost for the service. The actual cost to complete your request will be based on the time required. Payment by cash or check payable to "Ventura County Sheriff's Department" must be received prior to releasing the reproduction(s).

FOR OFFICIAL USE ONLY

Date/Time Request Rec'd _____ Rec'd By _____
EMPLOYEE'S NAME / I.D. NUMBER

Date Reproduction Completed _____ By _____
EMPLOYEE'S NAME / I.D. NUMBER

Manner of Release: To Be Picked Up (if checked fill in blank below) Brown Mail U.S. Mail

Released To _____

Amount Paid _____ Cash Check # _____