



Charlottesville, University of Virginia, Albemarle County  
Emergency Communications Center



Research Request Form

<b>Date of Request:</b>
Requestor's Name:
Requesting Agency's or Business' Name (if applicable):
Requestor's Address:
Requestor's Contact Info (home, work, cell, e-mail):

**Incident Information:**

Date of Incident:	Location of Incident:
Time of Incident:	
Report/Incident Number if known:	

**Types of information requested – Check all that apply:**

<p><b><u>CAD</u></b> Call For Service Detail Report</p> <p><input type="checkbox"/></p>	<p><b><u>Phone Calls</u></b></p> <p><input type="checkbox"/> All 911 line and Administrative line calls associated to the incident <b>OR</b> <input type="checkbox"/> Only 911 Calls associated to the incident <input type="checkbox"/> Only Administrative line calls associated to the incident</p>
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**Radio Traffic**

Any Radio Traffic Associated with the incident involving the following agencies  
(check all that may apply)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Albemarle County<br>Police Department       | <input type="checkbox"/> Fire/Rescue |
| <input type="checkbox"/> Charlottesville City<br>Police Department   |                                      |
| <input type="checkbox"/> University of Virginia<br>Police Department |                                      |
| <input type="checkbox"/> Other (please specify)                      |                                      |

Notes/Special Requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note here if you only need a specific time frame of radio traffic: \_\_\_\_\_

<p>Would you like: (please select 1 option)</p> <p><input type="checkbox"/> ONLY the radio traffic related to this incident?</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> ALL radio traffic during the time frame of the incident? (This would include any other calls for service/unrelated radio traffic during the time frame)</p>	<p>Would you like: (please select 1 option)</p> <p><input type="checkbox"/> Radio Traffic in real time? (if the incident took 3 hours you will get 3 hours of recordings)</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> Radio traffic trimmed, cutting out dead air time?</p>
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<u>Signature of person making request:</u>	<u>PD/Fire/EMS Supervisor Signature:</u>
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Comments

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**ECC USE ONLY**

<b>FOIA:</b>		<b>Responder:</b>		<b>Internal:</b>	
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<b>Total Time Involved in Research:</b> (Include the time required to type transcript, make recording, interviews, meetings or telephone conversations.)						
<b>Was another CD made of the research?</b>			<b>Yes</b>		<b>No</b>	
<b>Was CD supplied by:</b>	<b>ECC:</b>		<b>Requestor:</b>			
<b>Research completed by:</b>						
<b>Date research completed:</b>						
<b>Copy of CD given to:</b>						