



Mesilla Valley Regional Dispatch Authority

RECORDS REQUEST FORM

To: Director, Mesilla Valley Regional Dispatch Authority

From: Requestor

Agency/Law Office/Person: _____

Telephone/Fax/E-mail: _____

Subject: Request for copies of CAD notes and/or Audio recordings

Note: **PAYMENT IS REQUIRED IN ADVANCE** (No Charge for law Enforcement & Fire Depts.)

CHECK boxes below for each type of record requested.

Please use a separate Request Form for each incident.

- Radio Transmissions
- Telephone (911) Audio Recording(s)
- Computer Aided Dispatch (CAD) printout(s)
- Other: _____

Item	Fee
Audio recordings	\$12.00
Computer generated Incident notes	\$1.00/ page

Reason for Request: _____

CAD # if known: _____ Case #: _____

Time & Date of Incident: _____

Location of Incident: _____

Type of Incident: _____

Officers Involved: _____

Complainant(s) Victim(s) Name: _____

MVRDA use ONLY in shaded box below.

Requested: _____	Date: _____	Time: _____
Request Received by: _____	Date: _____	Time: _____
Request completed by: _____	Date: _____	Time: _____

IF RECORDS ARE NOT PICKED UP WITHIN (1) MONTH OF REQUEST, THEY WILL BE DESTROYED AND ALL FEES WILL BE FORFEITED!
ALL REQUESTS MAY REQUIRE 3 BUSINESS DAYS TO PROCESS