GUAM FIRE DEPARTMENT

DIPATTAMENTON GUAFI GUAHAN

*Professionalism * Respect * Integrity * Dedication * Empathy*

CONFIDENTIAL

E911 INTERGRATED EMERGENCY COMMUNICATION CENTER
(Digital Recording/Playback Official Release Application Form)

GFD Control Number 20___- _____

This application form shall be accompanied with a written memorandum of request to the Fire Chief of Guam for his approval. If approved, two (2) blank compact discs record (CDR's) shall be provided at the requestor's expense and delivered to the Office of the Fire Chief. Note: An identification card (ID) with photo is required and may be photo copied for record and filing purposes.

STEP 1: FILL OUT APPLICATION AND RETURN TO THE INTERNAL AFFAIR'S OFFICE

DATE/TIME OF REQUEST: _____NAME/TITLE OF REQUESTOR: _____

AGENCY/SECTION OF REQUESTOR: _____ID #_____

AGENCY ADDRESS: _____

CONTACT NUMBER OF REQUESTOR: (W) _____ (OTHER) _____

TYPE OF REQUEST: (Please specify by checking the appropriate box or boxes)

TELEPHONE CONVERSATION(S)
- ☐ **Emergency Medical Dispatcher**
- ☐ **GFD Responding Units**
- ☐ **GPD Law Enforcement Dispatcher**
- ☐ **GPD Responding Units**

RADIO TRANSMISSION(S)
- ☐ **Emergency Medical Dispatcher**
- ☐ **GFD Responding Units**
- ☐ **GPD Law Enforcement Dispatcher**
- ☐ **GPD Responding Units**

SPECIFIC/DATE OF INCIDENT: _____ SPECIFIC/TIME OF INCIDENT: _____

SPECIFIC PURPOSE AND DETAILED DESCRIPTION OF INCIDENT:
_____
_____
_____

REFERENCE CASE NUMBERS: Ex: Guam Fire Department, Guam Police Department, etc…
_____

SIGNATURE OF REQUESTOR _____ DATE/TIME: _____

STEP 2: FOR GFD OFFICIAL USE ONLY (Signature of Fire Chief, Receipt of application and CD's, Extractor and Witness)

***** AUTHORIZATION TO RETRIEVE AND RECORD E911 DIGITAL RECORDING/PLAYBACK INFORMATION ON COMPACT DISC(S) *****

_____ _____
Signature of Fire Chief Daren D. Burrier **Date/Time**

RECEIPT COPY OF THIS APPLICATION FORM AND BLANK COMPACT DISC(S):

_____ _____ _____
Signature of E911 OIC/EMD Supervisor **Print Rank/Name** **Date/Time**

AUTHORIZED DIGITAL RECORDING/PLAYBACK EXTRACTOR AND WITNESS:

_____ _____ _____ _____
Print Name/Signature of E911 Extractor **Date/Time** **Print Name/Signature of Witness** **Date/Time**

☐ **Successfully Extracted** ☐ **Could Not Be Extracted***

***Explain:** _____

STEP 3: FOR GFD OFFICIAL USE ONLY (Mandatory Signatures are required prior to release of recording(s))

_____ _____ _____
Signature, GFD Custodian of Record **Print Rank/Name** **Date/Time**

_____ _____ _____
Signature, E911 Comm. OIC/EMD Supervisor **Print Rank/Name** **Date/Time**

STEP 4: REQUIRED SIGNATURE WHEN REQUESTOR RECEIVES DIGITAL RECORDING

Confidentiality Statement: I certify that the information from this tape will be utilized in the conduct of official business of my agency and for the sole and express purpose(s) outlined above. I fully understand that any other use or disclosure may expose me and my agency to legal and criminal liability.

_____ _____ _____
REQUESTOR'S SIGNATURE **Print Rank/Name** **Date/Time**