York County 9-1-1
Department of Emergency Services
Request for Review

Reason for review: ☐ Investigation ☐ Court ☐ Complaint

Time frame requested: ☐ Within 48 hours ☐ Within one week
☐ Within a month ☐ At earliest convenience
☐ By date given (for court cases only) _____

** We will do our best to get your information to you within the time frame requested, however we can not guarantee the time frame. This category was added so we can prioritize requests.

Please fill in the following information:

Date: _____ Time: _____ Incident type: _____

Location of incident: _____

Please check one of the following: ☐ Telephone ☐ Radio ☐ Both

Please check one of the following: ☐ Tape needed ☐ Copy of event cards ☐ Both ☐ Review only

Please print the name and title of the person requesting this review. (The review must be requested by the highest-ranking individual within the requesting agency or another person they have delegated within their agency):

_____ Date of request: _____

Please check the type of field that pertains to your department: ☐ Ems ☐ Fire ☐ Ema
☐ Police ☐ 9-1-1 ☐ Other

Phone and/or pager number to reach you when review is completed: _____

A brief overview of what you are looking for: _____

_____

_____

_____

**Please do not write in this section until you pick up information.

Reviewed by: _____ Date: _____

Remarks by reviewer: _____

_____

Signature of Communications Director: _____

Signature of person and date accepting document(s): _____

Print Save