



**WSSU POLICE DEPARTMENT  
REQUEST FOR DAT (Digital Audio Tape)  
RECORDING**

Full name of individual requesting recording: \_\_\_\_\_

Date of request: \_\_\_\_\_ Time of request: \_\_\_\_\_

Address or Department of individual requesting the recording: \_\_\_\_\_

Home or business telephone number of individual making the request: (\_\_\_\_\_) \_\_\_\_\_

Incident number associated with the recording: \_\_\_\_\_

Reason for the request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of individual making the request:

Signature of Administrative Captain:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_