



REQUEST TO HOLD RECORDS



INCIDENT DATE: _____

INCIDENT TIME: _____

INCIDENT ADDRESS: _____

TYPE OF CALL: _____

(Vehicle Crash, Domestic, Battery, Fire, Heart Attack, etc.)

INCIDENT PHONE #: _____ F.D. INCIDENT #: _____

Per Florida State Statute: 119.07(3)(d) or _____, I hereby request all audio and written documentation concerning the above listed incident(s) be held pending investigation. By witness of my signature and badge number, I do hereby swear that I am authorized by the above listed State Statute to make such request.

Furthermore, I authorize the Department of Emergency Communications/9-1-1 to release said info to the following agencies only:

- Local Fire Department: _____
Name
- Other Public Safety Agency: _____
Name

Name (printed) Signature

Agency Badge # Date/Time

I do hereby swear that the investigation involving the above listed records is complete and that all said records are released from embargo. By witness of my signature and badge number, I do hereby swear that I am authorized by the above listed State Statute to release such records. _____

Name (printed) Signature

Agency Badge # Date/Time