



## Hendricks County Communications Center

### **Request For Tape Reproduction / CAD Report**

Please complete the following form with as much information as you can provide. Once completed you can save this form and email it to [submissions@hccom.org](mailto:submissions@hccom.org) or print it out and mail it to Hendricks County Communications, Attn: Submissions, 4010 Clarks Creek Road, Plainfield, IN 46168. A fee may be associated with this request and this will be invoiced to you if applicable.

**Name** \_\_\_\_\_ **Date of Request** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Purpose of Request** \_\_\_\_\_ Personal  
\_\_\_\_\_ Media  
\_\_\_\_\_ Case / Court / Subpoena  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Case / Incident #** \_\_\_\_\_

**Incident Date** \_\_\_\_\_

**Incident Time** \_\_\_\_\_

**Incident Day of Wk** \_\_\_\_\_

**Incident Location** \_\_\_\_\_

**Complainant (s) or 911 Caller's Name** \_\_\_\_\_

**Complainant (s) or 911 Caller's Phone Number** \_\_\_\_\_

**Date Requested Information is Needed** \_\_\_\_\_

**Special Instructions:**