

ARMSTRONG COUNTY 9-1-1
450 EAST MARKET ST.
KITANNING, PA. 16201

PHONE 724-548-3225

Fax: 724-548-3243

REQUEST FOR AUDIO RECORDING

PERSON REQUESTING INFORMATION: _____

AGENCY / DEPARTMENT: _____

INCOMING CALL: () YES () NO

DISPATCH: () YES () NO

COPY OF INCIDENT REPORT () YES () NO

HOLD ORIGINAL: _____ DO NOT HOLD ORIGINAL: _____

REASON FOR HOLD: _____

INCIDENT DATE & TIME: _____ / _____

INCIDENT LOCATION: _____

INCIDENT DESCRIPTION: _____

NON – DISCLOSURE AGREEMENT

The undersigned law enforcement officer, Fire Chief, or Emergency Medical Services Director has officially requested copies of certain audio recordings from Armstrong County 911 in connection with a criminal investigation or other public safety purpose. Armstrong County 911 is providing these audio recordings under the condition that the undersigned acknowledges the duty of non-disclosure of the sound contained on the audio recordings.

I understand the duty of non-disclosure and I shall not play, copy, or provide the audio tape provided by Armstrong County 911 to any person, news media, or any other entity except as is lawful and absolutely necessary for the criminal investigation or other Public Safety purpose I am involved in. Upon acceptance of the audio recording copies, and execution of this Non-Disclosure Agreement, any civil or criminal liability for unlawful use or disclosure of the audio recordings shall be upon the municipality for which I am employed and potentially upon myself individually. The County of Armstrong accepts no responsibility or liability for unlawful use of these audio tape copies once I take them into my possession.

Signed: _____

Date: _____

Recording made by: _____