



Charlottesville, University of Virginia, Albemarle County
Emergency Communications Center



Research Request Form

Name of Person Making Request:	Date of Request:
Agency:	
Address:	
Phone (Home):	Phone (Work):
Date of Incident:	Time of Incident:
Location of Incident:	

Name of Communications Officer:
Name of Communications Officer:

Description of Research Requested
(Be detailed – Use back of form, if necessary)

Signature of Person Making Request:	PD, EMS, FD Supervisory Signature
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ECC Use Only

FOIA:		Responder:		Internal:	
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Research Request Form
ECC USE ONLY

Total Time Involved in Research: (Include the time required to type transcript, make recording, interviews, meetings or telephone conversations.)					
Was another CD made of the research?			Yes		No
Was CD supplied by:	ECC:		Complainant:		
Research completed by:					
Date research completed:					
Copy of CD given to:					

Comments
