



**SWEETWATER COMBINED COMMUNICATIONS CENTER JPB**  
**5 SHOSHONE AVE., GREEN RIVER, WY 82935**  
**(307) 466-0272**  
**REQUEST FOR 9-1-1 RECORDING/ RECORD**

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I, \_\_\_\_\_ hereby request a copy of the  
Sweetwater Combined Communications Center JPB 9-1-1 record related to  
a call occurring on or about (date) \_\_\_\_\_ (time) \_\_\_\_\_

Briefly, describe as many details of incident including the names or phone  
numbers of any persons involved in the incident or the location of the incident:

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In compliance with Wyoming State Statute 16-4-201 (et.seq.) I understand that  
some information may be removed, pursuant to any applicable law, from any  
recording requested by a citizen. By affixing my signature below, I also agree  
to indemnify SCCC of any and all liability and assume responsibility of  
liability resulting from the accidental or intentional public release of  
information contained in the recording. We prefer to release all applicable  
records electronically.

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Requestor Signature

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Date

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DL or ID card number/ State of issue (include a  
clear copy with request)

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Person Receiving Recording Signature (if other  
than requestor)

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Date

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DL or ID card number/ State of issue (include a  
clear copy with request)

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Person Releasing Recording Signature