

MEDIA DUPLICATION REQUEST FORM

MR

Request Date: _____ Request Time: _____ Type of Media: Audio Video

Requestor's Name: _____ E-Mail Address: _____

Law Firm: _____ Phone No.: _____

Cause #: _____ Court #: _____ ECFS #: _____

LEA Service/Offense #: _____ Offense Date: _____ Time of Offense: _____

Defendant's Name: _____ Primary Offense: DWI Other: _____

Date/Time: In _____ Date/Time: Out _____ Control #: _____

Notes: _____

TCCDA USE ONLY

LEA Media Type:	CD	DVD	VHS	Total
In-Car				
Station/Jail				