

The Commonwealth of Massachusetts

STATE 911 DEPARTMENT NORTH SHORE REGIONAL 911 CENTER



18 Manning Avenue • Middleton, Massachusetts 01949 • www.MASS.GOV/NSR911 Business: (978) 801.4911 • 911recordings.RAO@mass.gov 24/7 operations: (978) 646.8402

Records Request Form – Public

| Date of Reque | Date Needed By: |
|----------------|---|
| Information R | uested: |
| 911 Call | Business Call Radio Traffic Other: |
| Date & Time | Incident:(Exact Date and Approximate Time If known) |
| Phone Numbe | hat Dialed 911/ Called the NSR911: |
| Incident Locat | n: |
| Docket Numb | (If available): |
| Relationship t | he caller: |
| I am the ca | r Legal Representative Private Investigator Other (Describe below) |
| Additional Inf | mation: |
| Requestor Na | :Signature: |
| Business Nam | (if applicable): |
| Address: | |
| City: | State: Zip Code: |
| Phone: | Email: |
| • | ecordings are preserved for ONE YEAR by statute. It data is confidential. 3rd Party requests MUST be accompanied by a subpoena or notarized ritten authorization by the caller. It records will be delivered electronically. As such, an email address MUST be provided, equests for other media may be made on a case-by-case basis, but may require additional rocessing time. |
| Date / Time / | NORTH SHORE REGIONAL 911 CENTER USE ONLY |
| | searched By:sseminated By: |
| Date / Illie / | 300mmaca 2 y · |

Form 13-20 Last Revised 09/01/2022