



The Commonwealth of Massachusetts

STATE 911 DEPARTMENT
NORTH SHORE REGIONAL 911 CENTER

18 MANNING AVENUE • MIDDLETON, MASSACHUSETTS 01949 • WWW.ECRECC.ORG
BUSINESS: (978) 801.4911 • 911recordings.RAO@mass.gov
24/7 OPERATIONS: (978) 646.8402



Record Request Form – Agency Official Use Only

Date of Request: _____ Date Needed By: _____

Information Requested:

___ 911 Call ___ Business Call ___ Radio Traffic ___ Other _____

Date & Time of Incident: _____
(Exact Date and Approximate Time If known)

Phone Number that Dialed 911/Called the NSR911: _____

Incident Location: _____

Docket Number (If available): _____

Reason for Request: ___ Official Investigation ___ Training ___ Other (Describe below)

Additional Information: _____

I certify, under the pains and penalties of perjury, that I am an official with the below named agency. This record request is being made in accordance with the official duties of my job and is for official use only.

Requestor Name / Rank: _____ Signature: _____

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Note: All media will be delivered electronically. As such, an email address MUST be provided
Recordings are preserved for ONE YEAR by statute.

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Date / Time / Completed By: _____

Date / Time / Disseminated By: _____