



The Commonwealth of Massachusetts  
STATE 911 DEPARTMENT  
NORTH SHORE REGIONAL 911 CENTER

18 MANNING AVENUE • MIDDLETON, MASSACHUSETTS 01949  
(978) 646.8402 • records@ecrecc.org • www.ecrecc.org



## Record Request Form – Agency Official Use Only

Date of Request: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

Information Requested:

☐ 911 Call ☐ Business Call ☐ Radio Traffic ☐ Other \_\_\_\_\_

Note: All media will be delivered electronically. As such, an email address **MUST** be provided.

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

Phone Number that Dialed 911/Called the NSR911C: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Docket Number (If available): \_\_\_\_\_

Additional Information: \_\_\_\_\_

- Recordings are preserved for **ONE YEAR** by statute.

Reason for Request:	<input type="checkbox"/> District Attorney's Investigation	<input type="checkbox"/> Police Investigation	<input type="checkbox"/> Fire Investigation
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*I certify, under the pains and penalties of perjury, that I am a (**circle one**) [Law Enforcement / Fire / District Attorney] 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: \_\_\_\_\_

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Date / Time / Completed By: \_\_\_\_\_

Date / Time / Disseminated By: \_\_\_\_\_

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