



911 EXIGENT CIRCUMSTANCES FORM

To: National Compliance Center Tel. (800) 635-6840, Fax: (888) 938-4715)

From: _____

(Name of Agency/PSAP) (DATE)

Re: Emergency Request for Records for Wireless Number: _____

This office received a 911 distress call for assistance from the above wireless telephone number on _____ 200__ at _____ a.m./p.m. Based upon that phone call, we believe that one or more people face immediate danger of death or serious physical injury. As such, we request that you promptly provide us with the following information so that we may render assistance to that individual (or individuals). Check needed information below:

_____ current subscriber name and billing address information for the above-referenced telephone;

_____ cell site or location information for the call placed by the above-referenced telephone to 911.

Signature: _____

Printed Name: _____

Title: _____

Address 1 _____

Address 2 _____

City, State, Zip _____

Contact Number: _____

Contact Facsimile: _____

**THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY
PLEASE CALL (800) 635-6840 OPTION 4 AFTER FAXING THIS FORM**