

RUTLAND REGIONAL EMERGENCY COMMUNICATION CENTER

Serving the Towns of Barre, Hubbardston, Oakham, Rutland, and Warren 242 Main Street, P.O. Box 669, Rutland, Massachusetts 01543
Tel. (508) 886-4033 • Fax (774) 385-3860

Michael C. Moriarty, Director of Communications

Business Line, Radio, 911 and Video Surveillance Recording Request Form

REQUESTOR'S INFORMATION

REQUESTOR S INFURIVIATION	
Your Name:	Signature:
Business Name:	City/State/Zip:
Address:	Today's Date:
Phone:	Your Relationship to caller:
If requested by a DA's Office, Case Number or Defendant Name:	Other (describe):
INCIDENT INFORMATION	
Date of Incident:	Time of Incident:
Location of Incident:	
Give incident description with as much detail as possible or attach police report if applicable:	
All calls must be listened to in order to ascertain if the incident heard is the one being requested. Details provided of the incident must be specific to make a correct match.	
CHECK TYPE OF MEDIA/RECORDING BEING REQUESTED	
Rutland Public Safety Complex Video Surveillance	Radio Traffic
911 Business Line Number Dialed	Channel:
Caller's Phone number:	Vehicle ID:
Other call information if known: Call Transferred to (if applicable): Dispatcher was Male Female	Officer's Name(s) (if known):
 Video Surveillance is only available within an 8-wee Audio Recordings are preserved for <i>ONE YEAR</i> by Recordings will be sent vial US Mail within 2 weeks 911 data is confidential. 3rd party requests must be ac Questions regarding recording requests may be directed 	statute. (if possible) unless other arrangements are made. companied by a subpoena or written authorization by the caller.
RRECC Use ONLY: Date Received Release App	