MANDATORY INFORMATION
FOR EXIGENT CIRCUMSTANCE REQUESTS
Agency cover sheet must be faxed with this form.
Call Sprint Corporate Security before faxing this form.
Fax all requests to Sprint at 816-600-3100
Emergency Contact: 1-888-877-7330 Press Emergency Options
***PLEASE PRINT***

LAW ENFORCEMENT AGENCY (LEA)
ADDRESS OF LEA ____________________________________________
PHONE NUMBER OF LEA ______________________ FAX # ______
AGENT'S TITLE & Name ______________________ BADGE # ______
SUPERVISOR'S NAME ______________________ SUPERVISOR'S PHONE # ______

I hereby certify that I have been granted authority by the above-mentioned LEA to determine and declare an exigent situation involving:

(a) immediate danger of death or serious bodily injury to any person;
(b) conspiratorial activities characteristic of organized crime;
(c) an immediate threat to a national security interest.

Below is my description of the exigent situation that requires Sprint Nextel to respond immediately (please include the Sprint Nextel phone number or any other relevant information):

SPRINT NEXTEL PHONE NUMBER or CUSTOMER NAME: ______________________
EXIGENT DESCRIPTION: ____________________________________________________________

I am requesting that Sprint Nextel provide the following service(s) (mark all that apply):

___ Subscriber Information
___ Call Detail Records (within the past week)
___ Call Detail Records with cell site information (within the past week)
___ Precision Location of mobile device (GPS Location)
   NOTE: Law Enforcement Agent MUST call for each GPS attempt.
___ Real-time audio interception (wiretap) * + - Applicable Fees apply.
___ Real-time Pen Register, Trap & Trace * + - Applicable Fees apply.
___ Other, please specify: _____________________________________________________________

* You must have access to CALEA delivery capability with Sprint.
† Pursuant to Title 18 United States Code §2518, §2701, and §3125 all electronic surveillance and location information assistance will terminate if the appropriate legal demand or customer consent is not received within 48 hours. The valid legal demand or customer consent should be faxed to Sprint/Nextel.

***I ____________________________________________________________________________
   declare under penalty of perjury

   SIGNATURE
   that the foregoing is true and correct. Executed on: ____________________ ***
   DATE
Please call 1-800-635-6840 IMMEDIATELY AFTER FAXING for processing of this request.

3rd PARTY EMERGENCY CIRCUMSTANCES FORM

To: National Compliance Center

(Phone 1-800-635-6840; Fax 1-888-938-4715)

From: PITTSFIELD 911 01201

(Name of Agency/PSAP)

Re: Emergency Request for Records for Wireless Number:

PITTSFIELD 911 01201 received a request for emergency assistance from (Name)

______________________ (Number) ______________________, a third party, who received a distress call from the above telephone on (date) _______________ 200__ at __________ a.m./p.m. Based upon that phone call, our PSAP, PITTSFIELD 911 01201 believes 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):

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

and/or

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

Signature: _______________________________________________________________________

Printed Name: __________________________________________________________________

Title: __________________________________________________________________________

Address
City, State, Zip: __________________________________________________________________

Contact Number: __________________________________________________________________

Contact Facsimile: __________________________________________________________________

Date: __________________________________________________________________________

This form must be filled out in its entirety.
Fax completed form to the NCC at (888) 938-4715.

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AT&T MOBILITY
EMERGENCY INFORMATION REQUEST

TO: Cellco Partnership d/b/a Verizon Wireless

ATTN: (800) 451-5242, press "4"
FAX: (800) 345-6720

RE: Cellular No.

I hereby certify that:
(1) I am a law enforcement officer authorized by applicable law to request the following information;
(2) There is an immediate danger of death or serious physical injury to a person requiring that the information below be provided without waiting for a court order; and
(3) If I am requesting a pen register or wiretap surveillance, I certify that a court order could be entered authorizing the interception requested below and that my agency will obtain a court order approving this interception within 48 hours.

Accordingly, I request (check information requested and specify time frame for which it is requested):

<table>
<thead>
<tr>
<th>Type of Information</th>
<th>Historical Information</th>
<th>Future / Real-time Info</th>
<th>Time Frame for Which Information Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Information</td>
<td>☐</td>
<td>☐</td>
<td>☐ (current)</td>
</tr>
<tr>
<td>Call Site Location Information</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Incoming and Outgoing Calls (Date, Time &amp; Phone Numbers)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Pen Register/Trap &amp; Trace beyond 48 hours requires order</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Call Content (i.e. wiretap) beyond 48 hours requires order</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Text Message Activity (Date, Time, Sender &amp; Recipient)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Text Message Content</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Internet Activity (Date, Time, Destination IP)</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Voicemail Pass Code Reset</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>

Other Information or Service Change Requests (describe in detail):

Requesting Investigative or Law Enforcement Officer:

Name: [Name]
Rank/Title: [Rank/Title]
Law Enforcement Agency: [Agency]
Dispatcher / Badge Number (if applicable): [Number]
Phone: [Phone]
Fax: [Fax]
Address: [Address]

By signing this form, I swear that all the facts contained herein are true:

Requesting Officer signature: [Signature]
Date: [Date]