



## EMERGENCY INFORMATION REQUEST

**TO:** Cellco Partnership d/b/a Verizon Wireless

**ATTN:** \_\_\_\_\_

**PHONE:** (800) 451-5242, press "4"

**FAX:** (908) 306-7501

**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):

Type of Information	Historical Information	Future / Real-time Info	Time Frame for Which Information Requested
Subscriber Information	<input type="checkbox"/>	<input type="checkbox"/> <b>(current)</b>	
Cell Site Location Information	<input type="checkbox"/>	<input type="checkbox"/>	
Incoming and Outgoing Calls (Date, Time & Phone Numbers)	<input type="checkbox"/>		
Pen Register/Trap & Trace <b>beyond 48 hours requires order</b>		<input type="checkbox"/>	
Call Content (i.e. wiretap) <b>beyond 48 hours requires order</b>		<input type="checkbox"/>	
Text Message Activity (Date, Time, Sender & Recipient)	<input type="checkbox"/>	<input type="checkbox"/>	
Text Message Content	<input type="checkbox"/>		
Internet Activity (Date, Time, Destination IP)	<input type="checkbox"/>		
Voicemail Pass Code Reset	<input type="checkbox"/>		

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

### **Requesting Investigative or Law Enforcement Officer:**

Name: \_\_\_\_\_ Rank/Title: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Dispatcher / Badge Number (if applicable): \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

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

Requesting Officer signature: \_\_\_\_\_ Date: \_\_\_\_\_