



# Methuen Police Department

## COMMUNICATIONS CENTER

90 HAMSHIRE STREET • METHUEN, MASSACHUSETTS 01844  
(978) 983.8745 • [records@cityofmethuen.net](mailto:records@cityofmethuen.net) • [www.cityofmethuen.net](http://www.cityofmethuen.net)



## Records Request Form – Public

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

Information Requested:

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

*Note: All records will be delivered electronically. As such, an email address **MUST** be provided. Requests for other media may be made on a case-by-case basis, but may require additional processing time.*

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

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

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

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

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

- Recordings are preserved for **ONE YEAR** by statute.
- 911 data is confidential. 3rd Party requests **MUST** be accompanied by a subpoena or notarized written authorization by the caller.

Relationship to the caller:

\_\_\_ I am the caller \_\_\_ Legal Representative \_\_\_ Private Investigator \_\_\_ Other: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### METHUEN POLICE ADMINISTRATION USE ONLY

Date / Time / Researched By: \_\_\_\_\_

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

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