

**DEPARTMENT OF PUBLIC SAFETY
BUREAU OF CONSOLIDATED EMERGENCY COMMUNICATIONS**

E911 TELEPHONE CALL RECORDING TRANSCRIPT REQUEST FORM

REQUESTOR INFORMATION

Name: _____
Last Name, First Name, Middle

Mailing Address: _____
Street/P.O. Box, City/Town, Zip Code

Street Address: _____
Physical Address if different from Mailing Address

Email Address: _____

INFORMATION PERTAINING TO THE RECORDING TO BE TRANSCRIBED

Date of Call: _____

Time of Call: _____

Location of Call: _____

Name of Caller: _____

Originating Telephone Number: _____

NOTE: The fee for a Bureau of Consolidated Emergency Communications E911 telephone call recording transcript is fifteen dollars (\$15) for the cover and first page of the transcript (\$15 total for both pages), and then five dollars (\$5) per transcript page thereafter. You will be notified when the transcript has been completed and when we have received the fee, the transcript will be sent to you. The fee may be paid with a check or money order made payable to "Treasurer, State of Maine" and sent to the below address.

Once you have completed this request form, please mail, fax, or e-mail the form to Clifford Wells, Director of the Bureau of Consolidated Emergency Communications.

Mailing Address: Attn: Mr. Clifford Wells
Bureau of Consolidated Emergency Communications
Maine Department of Public Safety
42 State House Station
Augusta, Maine 04333-0042

Fax: (207) 287-3042

Email Address: clifford.s.wells@maine.gov

**E911 TELEPHONE CALL RECORDING TRANSCRIPTS SHALL BE PREPARED AND RELEASED BY THE
DEPARTMENT OF PUBLIC SAFETY IN ACCORDANCE WITH THE PROVISIONS OF 25 MRSA 2929**

Please record the date and cumulative time (in 15-minute blocks) allotted to each process:

Manager:	Transcription:	Legal Review:
----------	----------------	---------------