

EMERGENCY REQUEST FOR RECORDS PRODUCTION

To: TouchTone Communications, Inc. ("TouchTone"):

The undersigned hereby certifies that: (1) he or she is a federal, state, local law enforcement officer or Public Safety Answering Point ("PSAP") employee duly authorized to compel disclosure of subscriber records of an electronic communications service provider; (2) an emergency exists involving immediate danger or death or serious physical injury pursuant to 18 U.S.C. § 2702(b)(8) or § 2702(c)(4); (3) the emergency justifies disclosure of the subscriber records or other information requested below; (4) the requested disclosure must occur without delay of lawful process pursuant to 18 U.S.C. § 2703(b), (c), or (d); (5) any disclosure would be made voluntarily pursuant to § 2702(b)(8) or § 2702(c)(4); (6) the involved subscribers should not be notified of the requested disclosure due to risk of interference with the related law enforcement investigation; (7) TouchTone will be reasonably compensated for the requested disclosure pursuant to 18 U.S.C. § 2706; and (8) TouchTone may rely in good faith on this certification pursuant to 18 U.S.C. § 2703(e) and 2707(e).

Law Enforcement Agency/PSAP Information:

Requestor's Name: _____	Title & Badge #: _____
PSAP Name: _____	PSAP Address: _____
Phone #: _____	Fax #: _____
Supervisor's Name: _____	Title: _____
Main Office Phone #: _____	

Brief Description of Emergency:

Target Identifying Information:

Telephone #: _____	User Name/ID: _____
Individual Public IP Address: _____	as of (date/time/time zone): _____
MAC Address: _____	

Information Requested (Select all items that apply)

___	User/Subscriber Name	User/Subscriber Address: _____		
___	Call Records	___ Incoming	Start Date: _____	End Date: _____
		___ Outgoing	Start Date: _____	End Date: _____
___	Voicemail Content	___ Incoming	Start Date: _____	End Date: _____
		___ Outgoing	Start Date: _____	End Date: _____
___	Email Content	___ Incoming	Start Date: _____	End Date: _____
		___ Outgoing	Start Date: _____	End Date: _____
___	Email Header	___ Incoming	Start Date: _____	End Date: _____
		___ Outgoing	Start Date: _____	End Date: _____
___	Subscriber Number of Identity			
___	Records of Connection Logs or Session times and duration of (applies to ISP records only)			
		Start Date: _____	End Date: _____	
___	Length of Service and Type(s) of Service Used/Features as of:			
		Activation Date: _____	Deactivation Date: _____	
___	Means and source of payment			

Officer/Agent Signature

Date

Email completed Request Form to: subpoena@touchtone.net.

For questions, call 973.718.2434.