



CITY OF WORCESTER, MASSACHUSETTS  
**Emergency Communications  
Department**

Richard H. Fiske, III  
Director

---

REQUEST FOR 911 CALL / TURRET RECORDING

Requestor's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Please write a brief description on why you are requesting this recording, including the nature of the incident, with any and all pertinent call information you can provide.

---

---

---

---

---

---

---

---

Address of incident: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Approximate time of incident: \_\_\_\_\_

There is a \$30.00 fee for each and every CD produced by the Department. Acceptable forms of payment are check or money order made payable to the City of Worcester. The CD can be picked up or mailed to the requesting party within 10 business days. If mailing your request please send to Worcester Emergency Communications 2 Coppage Drive, Worcester, MA 01603.

