



Atlantic Broadband LEA Emergency Request Authorization Form

(To be completed by Law Enforcement Only)

Please call (814) 534- 8150 before faxing a signed copy of the Emergency Request Form to (814) 410-2752

Identity of Requesting Party

LEA _____

Representative _____

Address _____

Phone _____ Cell _____

Fax _____ Email _____

Nature and Extent of Emergency _____

Customer Information Sought _____

Customer Identification (i.e. name, address, email, IP address, telephone number) _____

Interception of Communication Sought (if applicable) _____

Purpose of Interception _____

Type of Interception _____

Duration of Interception (Request over 48 hours cannot be honored without a court order)

Has court order been requested? _____ Name of Court _____

If not requested, when will it be requested? _____

Indemnification

The requesting party acknowledged that this request is made solely as a result of an imminent threat to life or of serious bodily harm and that the information shall not be obtained shared or disseminated for any unlawful or harmful purpose. Requesting party affirms the above information, represents he has the authority to execute this form and agrees to indemnify and hold Atlantic Broadband, its subsidiaries, employees, and agents harmless for any claim, demand, loss or injury, including attorneys' fees brought against Atlantic Broadband by a third party, including the subscriber, as a result of Atlantic Broadband's compliance with this request.

Law Enforcement Signature

Date

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