



**Service Provider  
Authorization for Electronic Surveillance**

**Send this authorization and the Court Order to:  
[CourtOrders@Subsentio.com](mailto:CourtOrders@Subsentio.com)**

**Telephone: 720-213-5735**

**Facsimile: 866-217-4097**

**Service Provider**

**Service Provider Company Name:** \_\_\_\_\_

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

Postal Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Primary Point of Contact (Administrative):** \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Alternate Point of Contact:** \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Requesting Agency**

**Law Enforcement Agency (LEA):** \_\_\_\_\_

Location of Agency: \_\_\_\_\_

**Your Primary Point of Contact at the Law Enforcement Agency – (if known):**

LEA Case Agent / Officer: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Communications of Interest:**

Type of Service provided to Target (Cellular, VoIP, etc.): \_\_\_\_\_

**Last 4 Digits (only) of Target:** \_\_\_\_\_

**Location and Type of Network Equipment providing service (Required):**

Switch Maker & Type: \_\_\_\_\_

Location of Switching Equipment: \_\_\_\_\_

***Name and Contact Information for your Technical Point of Contact:***

\_\_\_\_\_

**Service Provider Authorization:**

By executing this form, I give Subsentio affirmative authorization, subject to Subsentio's validation of the above-referenced Court Order, to act as our Trusted Third Party Agent in implementing the Lawfully Authorized Electronic Surveillance required by the referenced order.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Note:** To initiate a case Subsentio must have a valid Court Order/Docket, a Law Enforcement Request (LER), and this Service Provider Authorization (SPA). Thank you.