



Charlottesville, University of Virginia, Albemarle County
Emergency Communications Center



ECC Premise Information Request Form (EMS/Fire)

I. Requesting Party's Information

Name of Requesting Party Contact Phone Number Contact E-mail Address

II. Premise Information

Address: Name of Resident(s):

Phone Number(s):

Information to be Maintained:

Reason for Request:

Duration for Request (if known):

Category of Request:

- EMS Fire Directions/Gate Code

III. Authorization and Release

I authorize the Charlottesville-UVA-Albemarle County Emergency Communications Center (The "ECC") to maintain the information contained in this record in its CAD database. I also certify that to the best of my knowledge the information is accurate and complete. I agree that the ECC owes no duty to maintain or disclose this information and will purge it within 6 months from the date of entry unless I notify the ECC otherwise. I understand that it is my responsibility to notify ECC of any changes to, cancellation of, or continuation of data after the 6 month time frame.

Signature of Requesting Party

Date

Signature of Requesting Party's Supervisor

Date

For ECC Use Only:

Approve by: _____ Date: _____

Entered by: _____ Date: _____ Purge Date: _____