



Charlottesville, University of Virginia, Albemarle County
Emergency Communications Center



ECC Premise Information Request Form (Police)

I. Requesting Officer's Information

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

II. Premise Information

Address: Name of Resident(s):

Phone Number(s):

Information to be Maintained:

Detailed description of person(s) mentioned in request (suspect and/or victim):

Duration for Request (if known):

Reason/Category of request:

- Officer Safety Victim (Domestic Violence) Directions/Gate Code/Etc.
 Other _____

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 Officer

Date

Signature of Requesting Officer Supervisor

Date

For ECC Use Only:

Approve by: _____ Date: _____

Entered by: _____ Date: _____ Purge Date: _____