



Charlottesville, University of Virginia, Albemarle County
Emergency Communications Center



ECC Premise Information Request Form (Public)

I. Requesting Party's Information

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

Address: _____

II. Premise Information

Address: _____

Name of Resident(s): _____

Phone Number(s): _____

Information to be Maintained: _____

Reason for Request: _____

Duration for Request (if known): _____

Requester's Relationship to Resident (if not the resident): _____

III. Authorization and Release

I authorize the Charlottesville – UVA- Albemarle Emergency Communications Center (the "ECC") to maintain the information contained in this record ("information") in its 911 call center database and to share this information with law-enforcement officers, emergency medical services providers and any other individuals as needed for the provision of emergency services at the address listed in Section II. I agree that the ECC owes no duty to maintain or disclose this information and will purge it within one (1) year of the date below. I release the ECC and all of its agents and employees from any and all liability for personal injuries, including death, and property damage that may arise from the use or disclosure of this information and further agree to indemnify and hold harmless these parties from any legal claim or suit arising from such use or disclosure.

Signature of Requesting Individual

Date

Signature of Resident (if different from above)

Date

For ECC Use Only:

Approve by: _____ Date: _____

Entered by: _____ Date: _____ Purge Date: _____