



Emergency Disclosure Form

In order to release information to a member of a law enforcement agency or a governmental entity in an emergency situation involving danger of death or serious physical injury, TruConnect must first obtain the following information.

Name of Requestor:

Title:

Badge Number:

Name of Agency or Governmental Entity:

Address:

Telephone Number:

Fax Number:

Email Address:

What is the emergency that involves immediate danger of death or serious physical injury?

What information is being provided to look up subscriber? (i.e. Telephone Number, Name, etc.)

What information is being requested? (i.e. Name, Address, etc.)

Indemnification

I acknowledge that this request is made solely as a result of immediate danger of death or serious physical injury and that the information shall not be obtained shared or disseminated for any unlawful or harmful purpose. I affirm the above information, represents that I have authority to execute this form and agree to indemnify and hold TruConnect, its subsidiaries, employees, and agents harmless for any claim, demand, loss or injury, including attorneys' fees brought against TruConnect by a third party, including the subscriber, as a result of TruConnect's compliance with this request.

I declare under penalty of perjury that the foregoing is true and correct.

Requestor Signature

Date

Please send this completed form, on your department letterhead, to EmergencyDisclosures@truconnect.com or fax to (214) 279-2160.