

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, Sequoia Wireless must first obtain the following information:

Name of Requestor: _____

Title of Requester: _____

Badge Number of Requester: _____

Name of Agency or Governmental Entity: _____

Address of Agency or Governmental Entity: _____

Telephone Number of Requester: _____

Email Address of Requester: _____

Describe the emergency that involves immediate danger of death or serious physical injury:

What information is being provided to look up the subscriber (i.e., Legal Name, Service Address, etc.):

What information is being requested (i.e., Legal Name, Service Address, Call Detail Records etc.):

I accept that this request is made purely as a result of immediate threat of death or significant physical injury and that the information shall not be obtained or disseminated for any unlawful purpose. I affirm that the above information, represents that I have authority to execute this form and agree to indemnify and hold Sequoia Wireless, employees, and agents harmless for any claim, demand, loss or injury, including attorneys' fees brought against Sequoia Wireless by a third party, including the subscriber, as a result of Sequoia Wireless's compliance with this request. I declare under penalty of perjury that the foregoing is true and correct.

Requester Signature: _____ Date: _____

Send Completed Form on Agency/Entity letterhead to admin@sequoiawireless.com with a subject line "Urgent – Completed Emergency Disclosure Form".