

Sedgwick County Emergency Communications Request and Release

Name	
Address	
City, State, Zip	
Phone	

I hereby request that Sedgwick County Emergency Communications include the following information and/or notifications in the 911 file attached to the address listed above:

By signing this Request and Release, I acknowledge, understand and agree to the following:

1. Sedgwick County will make reasonable efforts to convey the information provided above to field personnel. However, due to the rapidly evolving nature of many emergency situations, Sedgwick County does not guarantee that such information will be relayed to any or all field personnel who may be involved in call responses. Nor does Sedgwick County guarantee a specific response and/or action by field personnel based upon the information herein submitted.
2. This Request and Authorization shall remain in effect for one (1) year from the date of signing, at which time I understand that I must resubmit this information to Sedgwick County Emergency Communications; otherwise, this information will be deleted from my file.
3. Sedgwick County will not be liable for any property damage, financial loss or personal injury due to incorrect information and/or any miscommunication of the information conveyed to emergency responders.

Signature of Individual/Individual Representative

Date

Printed Name of Individual/Individual Representative