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To: Revol Wireless      Fax: 216-525-1111

This is an emergency request for information on the following wireless number:

(\_\_\_\_)\_\_\_\_-\_\_\_\_

This agency received a 9-1-1 emergency call for assistance from the above wireless telephone number.

Date of Call	Time of Call 00:00- 24:00	Duration Min: Sec:	Nature of Call

Based on that telephone call, we believe that one or more people face immediate danger of death or serious injury. We request that you promptly provide to the extent available the following information necessary to initiate the appropriate response. (Please use above fax & telephone numbers.)

\_\_\_\_\_ Subscriber name, billing address, home & business phone numbers for the above number

\_\_\_\_\_ Cell site or location information for the 9-1-1 call from the above number

**Requesting Agency Information**

Title	Employee	Signature	Date

**Requesting Agency Case Number:** \_\_\_\_\_ **Requesting Agency Dispatch Log #** \_\_\_\_\_