

PSAP CUSTOMER CNA EMERGENCY RELEASE REQUEST

This request must, in all events, be confirmed by calling Bluegrass Cellular at 270-765-6361 Ext. 4424 and speaking to Chrissy Sanders

TO: Bluegrass Cellular Inc. Fax: (270) 769-8335
2902 Ring Road
Elizabethtown, KY 42701

FROM: _____
PSAP location (print legibly)

Requesting Party's Name & Position (print legibly)

Requesting Party's PSAP Phone Extension (write legibly)

This form serves as written notice of a request for the following information (check all that apply):

- Customer name
- Customer address
- Customer telephone number
- Customer primary advertising classification

The information requested is for the customer owning cellular service assigned the following cell phone number: _____. This information is requested "solely for purposes of delivering or assisting in the delivery of emergency services." 47 USC § 222(g). I guarantee this information will only be used for this purpose.

The fee charged by Bluegrass Cellular for providing the service will be paid by the PSAP identified above and/or the emergency services provider requiring this information.

I understand that any use of this information for purposes other than for the delivery or assisting in the delivery of emergency services is not authorized by law. I attest that the information included in this request is true and accurate and that the information provided by Bluegrass Cellular will be used only for the purpose of delivering or assisting in the delivery of emergency services, and for no other purposes whatsoever.

Printed Name of Requesting Party

Signature of Requesting Party