



# Citizen Communications Center Observation Request

I, \_\_\_\_\_, being at least eighteen (18) years of age, and or currently participating in an approved educational program hereby request permission to observe the Northwest Regional Emergency Communications Center on \_\_\_\_\_, 20\_\_ from the hours of \_\_\_\_\_ to \_\_\_\_\_. I agree not to interfere in any way with the dispatcher or the performance of his/her duty, and to conduct myself in a professional manner while participating in this program.

Date Permission Requested: \_\_\_\_\_ **NOTE: Three (3) days advance notice should be made for observation.**

<b>Name</b>		<b>DOB</b>		<b>Age</b>	
<b>Address</b>		<b>SSN</b>			
<b>Request to Observe Dispatcher:</b>		<b>Tele. #</b>			
<b>Relationship to Dispatcher: (Acquaintance, Relative, etc.)</b>					
<b>E-mail:</b>					

**Return completed form to Communications Supervisor**

(For agency use only)

<b>Last Observation Date</b>	
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**Communications Center Supervisor's Approval:**

<b>Approved:</b> <input type="checkbox"/>	<b>Disapproved:</b> <input type="checkbox"/>	<b>Date</b>	
<b>Reason for Disapproval</b>			
<b>Assigned to observe with</b>			
<b>Supervisor Signature</b>		<b>Date</b>	

Notification of approval/disapproval made to requesting party by Communications Supervisor.

# RELEASE

Know all men by these presence, that I, \_\_\_\_\_ for myself, my heirs, executors, administrators and assigns in consideration of the sum of one dollar (\$1.00) and other valuable consideration, forever discharge all members of the Northwest Regional Communications Center, Dublin Police Department, City of Dublin, and State of Ohio, from any and all actions, causes of action, claims, charges, demands, complaints, damages, injuries, costs, loss of services, expenses and compensation on account of arising or resulting from an incident occurring during the time commencing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and termination on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, while observing the Northwest Regional Emergency Communications Center or while participating in any incident with any member or employee of the Dublin Police Department. I do hereby covenant with all members and employees of the State of Ohio to indemnify and save harmless from all actions, causes of action, claims, charges, demands, complaints, damages, injuries, costs, loss of services, expenses and compensation on account of or arising out of, or resulting from the aforesaid incidents from the date of these presence.

I acknowledge that during my observation, I may see, hear or otherwise learn of certain criminal and/or medical information, which is protected from public disclosure by applicable State and Federal Statutes. I understand that I may not disclose to anyone including, but not limited to , my family, friends, and coworkers any information pertaining to criminal activities, criminal records, incident addresses, CAD event screens, 911 call information, premise history, telephone records, medical information, and the location of medical response that I may see, hear, or otherwise learn of while participating in an observation. I further understand that should I disclose such information I could be subject to prosecution for violation of State and/or Federal Statutes and/or subject to civil suit by persons affected by my disclosure. I further agree to hold harmless, defend, and indemnify the 911 Center, its employees, officials, officers, and agents from any and all claims of liability for injury or damage suffered by third parties or entities arising out of my disclosure of confidential information.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Communications Technician: \_\_\_\_\_