

**SOUTHEAST COMMUNICATIONS CENTER
REQUEST TO OBSERVE**

Name: _____ Date of Birth: _____
Last, First Middle

Home Address: _____ Phone: _____

Employer: _____

Reason for Observation: _____

Requested Date to Observe: _____ Time: _____

Assignment Assuming Risk or Injury or Damage

Waiver and Release of Claims

Whereas the undersigned being (under) (over) the age of twenty-one has made a voluntary written request for permission to observe Southeast Communications Center operations as a guest during the active performance of official duties;

Now, therefore, be it understood that the undersigned, and his parent or guardian if under 18 years of age, hereby agrees that the Southeast Communications Center, it's members, participating agencies, and each of them shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his estate or heirs for any injury, damages, expenses or loss to the person or property of the undersigned, incurred while observing as a guest of the Southeast Communications Center.

NOTE: READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

I (have) (have not) been arrested or convicted of a criminal act in the past seven (7) years. (If there is an arrest or conviction, explain on the reverse side)

I authorize the Southeast Communications Center to run a wants check on me.

SIGNED: _____ DATE _____

PARENT OR
GUARDIAN _____ DATE _____

FOR DEPARTMENT USE ONLY

APPROVED _____ DISAPPROVED _____

AUTHORIZATION _____

CITIZEN TO REPORT: DATE _____ TIME _____

STATEMENT OF CONFIDENTIALITY

The Privacy Act of February 15, 1979 requires confidentiality of citizens requesting assistance by the Southeast Communications Center.

The proper safeguarding of information by non-member, to which they become cognizant in the course of observing official business shall be treated as confidential. This shall include, but not be limited to, activities and actions of law enforcement and fire departments and agencies of all municipalities and other governmental entities.

The undersigned hereby agrees not to impart or divulge contents of any knowledge gained by observing other than to those duly authorized to receive such information.

I understand that I shall be personally liable, and subject to such prosecution and/or penalty for the release of any statement or the status of any official response, investigation, or matters concerning the activities which might jeopardize or interfere with an individual's rights or with the investigation of, or subsequent prosecution of any case.

Signed

Date

FN: FORMS\OBSERVE
REVISED 07/30/09