**EMERGENCY DISCLOSURE REQUEST TO TEXTNOW FOR ACCOUNT INFORMATION**

**INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS FORM**

1. ***Please complete all required sections*** (fields) in the form. Each field is a gray box, and you can use the “Tab” button to move between fields in the form. Information to be provided in each field is noted in CAPITAL LETTERS.
2. ***Please ensure you have provided a valid TextNow Phone Number or Username***
   1. A TextNow username may contain letters, numbers, periods, and underscores
   2. A TextNow username will never contain spaces, emoticons or special characters
3. The emergency event must have occurred in the last ***48 hours***
4. This form must be submitted from an ***official law enforcement agency email address.*** Prior to releasing any records, we will verify your contact information with appropriate authorities.
5. To submit the form and ensure quick processing, ***please email*** [***lawenforcement@textnow.com***](mailto:lawenforcement@textnow.com) ***from your agency email, with the subject line “EMERGENCY DISCLOSURE REQUEST”.***

**PLEASE NOTE**

*Requests must be submitted with the subject line “EMERGENCY DISCLOSURE REQUEST”*

or it will not be processed as an emergency

This form is to be filled out if you are a sworn law enforcement official, believe that TextNow may have information to assist in averting an emergency involving imminent harm to a child or risk of death or serious physical injury that requires disclosure without delay of information relating to the emergency.

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| **Requesting Law Enforcement Agency** | |
| *Agency Name* | AGENCY NAME |
| *City/State/Province/Country* | CITY/STATE/PROVINCE/COUNTRY |
| *Phone Number* | PHONE NUMBER |
| *Supervisor’s Name* | SUPERVISOR'S NAME |
| *Supervisor’s Phone Number* | SUPERVISOR'S PHONE NUMBER |
| **Requesting Officer** | |
| *Officer’s Name* | OFFICER'S NAME |
| *Title/Rank/Badge I.D.* | TITLE/RANK/BADGE I.D. |
| *Email Address* | EMAIL ADDRESS |
| *Phone Number* | PHONE NUMBER |

Revision Date: 2018-04-12

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Please respond to the following information to assist TextNow in determining whether to exercise its discretion to disclose account information is warranted.

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| 1. What is the nature of the emergency involving death or serious physical injury (eg. Kidnapping, suicide, missing person, bomb threat) | PLEASE FILL IN |
| 1. What is the imminent nature of the threat? Please provide information that suggests there is a specific deadline before which it is necessary to receive the requested information and/or that suggests there is a specific deadline on which the act stated in response in Question 1 will occur (eg. Tonight, tomorrow at noon, etc.) | PLEASE FILL IN |
| 1. What specific information in TextNow’s possession related to the emergency are you seeking? SPECIFY THE TEXTNOW’S PHONE NUMER OR USERNAME FOR WHICH THE INFORMATION IS BEING REQUESTED | PLEASE FILL IN |
| 1. If a message that was sent/received by a TextNow account is the basis for the belief that there is imminent harm to a child or risk of death or serious physical injury, please attach a copy of the message (include timestamp). | PLEASE FILL IN |
| 1. Please explain how the information you are requesting will assist in averting the specified emergency. | PLEASE FILL IN |

I hereby certify under penalty of perjury that the information provided on this form is true.

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| Signature of requesting officer |

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| --- |
| Date of request |

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