



COUNTY OF BUCKS
DEPARTMENT OF
EMERGENCY COMMUNICATIONS

***TAPE RECORDING/INCIDENT HISTORY REQUEST &
NON-DISCLOSURE STATEMENT***

SERVICE PROVIDER: _____

REQUESTOR: _____

DESCRIPTION / PURPOSE: _____

RECEIVED BY: _____ **DATE:** _____

NON-DISCLOSURE STATEMENT

In response to your request, the County of Bucks (hereinafter "County") is providing the attached tape recording/incident history. The County considers this recording/incident history proprietary in nature and not subject to dissemination or disclosure to any third party for any purpose whatsoever. Pursuant to a ruling by the Pennsylvania Supreme Court, 9-1-1 recordings/incident histories are not public information for purposes of the Pennsylvania Right-to-Know Act, and as such, are not subject to public disclosure.

Service Provider hereby acknowledge receipt of the requested recording/incident history subject to these restrictions and Service Provider does hereby agree to indemnify and hold harmless the County from any loss, liability and/or damages incurred resulting from said. Additionally, Service Provider recognize the County's right to not release paper copies of incident histories and 9-1-1 recordings in the future for a time period to be determined by the Bucks County Department of Emergency Communications if these recordings are improperly disclosed in any fashion without the prior permission of the County. Inspections at the Bucks County Department of Emergency Communications would continue to be allowed.

I, _____ (Name), am the _____ (Position) of

_____ (Service Provider), and agree to the above terms

and conditions of disclosure and I am authorized to sign this Non-Disclosure

Statement on behalf of _____ (Service Provider).

Date: _____

Authorized Agent of Service Provider

Releasing Official: _____