

Exigent Circumstance Request Form

Please email to: SubpoenaResponse@corp.sonic.net

All responsive information will be returned to a government email address, no exceptions. Failure to provide a clearly written or typed response to any field will delay compliance.

Handwritten Signature	Printed Name	Date
that I may be held liable for civil and/or criminal p	does not exist and/or my request is not authorized boenalties either as an individual, as an organization, egal demand or customer consent should reference	or both. By signing this form, I certify the
Other:		
Home Phone:		
Service Location:		
Customer/Account Name:		
<u> </u>	it unfeasible to obtain a written legal or release of the following customer data	
Target Data Involved:		
The following facts establish the ex	igent/emergency:	
Immediate danger of death	or serious physical injury to any perso	on
	by the above-named government enti e and declare an exigent circumstance	
Supervisor's Name:	Supervisor's Phone	Number:
Agent Call Back Number:	Agent Email:	
Requesting Officer/Agent Name, Ti	itle, Badge, or ID #:	
Government Entity Phone Number:		
Government Entity Address:	City, State, Zip	:
Name of dovernment Entity.		