

## **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**
  - a. A TextNow username may contain letters, numbers, periods, and underscores
  - b. 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.

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

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

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

1. What is the nature of the emergency involving death or serious physical injury (eg. Kidnapping, suicide, missing person, bomb threat)	PLEASE FILL IN
2. 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
3. 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
4. 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
5. 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