



TCOMM 911
POLICE | FIRE | MEDICAL
Your Emergency - Our Priority

Public Safety Responder Safety Alert Information

Request for "Caution" entry - CAD Premise File

TCOMM Form #3315

Requesting agency return to:	TCOMM911 Premise team 2703 Pacific AVE SE, Suite A Olympia, WA 98501 email: Premise@tcomm911.org fax: 360-704-2751
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Requesting Agency Information	Agency Case # from Original event:
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Today's Date:	Your Agency:	Your Name:
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Officer Safety Risk Information:	Complete address including apartment, suite, lot, or other number if appropriate
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Address of Risk:	
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Enter Caution for:	_____ Specific address only (ie: 1234 Main St., #2)
	_____ Plus, add whole building entry (ie: 1234 Main St., #2)

Availability of information: Information entered into these "C - Caution" premise files will be available to anyone with a CAD terminal AND will be printed to all Fire Station Printers (where installed) for FIRE & EMS responders to view while enroute to calls at these addresses. Should a Law Enforcement Agency choose to restrict this information, check below and this information will NOT be seen by the Fire Dispatcher nor be sent to any Fire Station Printers.

Check box to restrict availability of "C" Caution Premis Info.

FREE FORM TEXT (maximum of 560 characters of information including spaces, etc.; 7 rows of 80) Must state reason for caution.

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Date to Purge entry:	
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Authorization by Agency Chief / Sheriff:	
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Print name of signing authority:	
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FOR TCOMM USE ONLY:

Date Received:		Date Entered:		Entered by:	
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1st Annual Validation Sent:		Validation outcome:		By:	Date Purged:
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2nd Annual Validation Sent:		Validation outcome:		By:	Date Purged:
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