

Address Flag Request, CD-10
Livingston County 9-1-1 Central Dispatch

Requestor		
From (Agency):		
Authorizing Supervisor Signature:		
Authorizing Supervisor Printed:		
Reason for Flag		
Type (check one only)		
Officer Safety	Location Information	Medical Information
Miscellaneous	Temporary Entry	Emergency Contact
Information		
Name:	Date of Birth:	
Address:	City:	
Township:		
Validation date (cannot exceed one year)		or Purge date:
Comments to include with entry (for example, full name & dob)		
Special response Instructions (for example, minimum two-officers):		
FAX completed form to Livingston County Central Dispatch at 517 546 5008		
(For Central Dispatch Use Only)		
Entry/Cancellation/Refusal		
Request reviewed/authorized/refused by:		
Entry by:	Date and time:	
Comments:		
Validation/Purge by:	Date:	

CD-10, 033106 Compliance: voluntary
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