

**ARMSTRONG COUNTY 911
COMMUNICATIONS CENTER TOUR REQUEST**

I, _____, am requesting approval for a(n) individual / group tour of the Armstrong County 911 Center.

I understand that during the tour, I may see and/or hear confidential and privileged information, including but not limited to personal, medical, and law enforcement sensitive information. I agree that I will not communicate any confidential or privileged information to any other person for any reason whatsoever, nor will I use any such confidential or privileged information for personal use or gain.

I understand that I will be responsible for the actions and conduct of any and all minors who may accompany me on the tour, and certify that I have instructed said minors on the necessity of confidentiality of privileged information.

I understand that the tour may be cancelled or postponed on short notice, subject to current operational situations that may be occurring within the 911 center.

Date requested: _____ Time requested: _____

Phone number: _____ Email: _____

If you are requesting a group tour, please provide the following information:

Group Name: _____ How many: _____

*Large groups may be broken into small groups due to space restrictions. Usually groups of up to 15 people can be accommodated at one time.

Signature

Date

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Approved with conditions _____
<input type="checkbox"/>	Disapproved because _____

Please fax to 724-548-3243 or email to rdbaustert@co.armstrong.pa.us at least one week in advance.