

INFORMATION RELEASE FORM



Morguard Intake #: _____

Type of Information Requested: Photo Video Statement Other: _____

Part A: Information Request

Police Service Information

Full Name: _____
Last First Middle

Service: _____
Service Name Badge Number Occurrence Number

Date of Information: _____ Time Frame: _____
Month / Day / Year hh:mm to hh:mm

Police Officer Signature: _____ Date: _____
Month / Day / Year

Information Details

Detailed Explanation for Type of Information Requested

Security Supervisor Information

Full Name: _____
Last First Middle

Security Supervisor Signature: _____ Date: _____
Month / Day / Year

Part B: Release Information

Police Service Information

Date of Release: _____
Month / Day / Year

Full Name: _____
Last First Badge Number

Police Office Signature: _____ Date: _____
(Signature or Axon Number) Month / Day / Year

Security Supervisor Information

Full Name: _____
Last First

Security Supervisor Signature: _____ Date: _____
Month / Day / Year

Please email this request to the following email addresses:
Email address: claims@morguard.com
Email address: _____
Email address: _____