

## SAMPLE NON-DISCLOSURE AGREEMENT

DATE

9-1-1 Board Chairman  
XYZ County E.T.S.B.  
ADDRESS  
CITY, STATE, ZIP

Subject: Non-Disclosure Agreement – TELCO NAME customer listing for the TELCO exchanges.

Dear Chairman:

TELCO NAME will be providing you with a listing of our customers in exchanges located in part in XYZ County. This information should be used for the purpose of verifying customers in XYZ County.

This listing of our customers is being provided to you to determine to whom our company should bill the surcharge and to whom we should provide enhanced 9-1-1 services within XYZ County. TELCO NAME is releasing this information for the limited purpose specified above. However, to protect the privacy interest of our customers, our disclosure is subject to your written acceptance of the following conditions:

1. Any information or data contained in the documents furnished by TELCO NAME to the XYZ County 9 - 1 - 1 Emergency Telephone System Board pursuant to this Non-Disclosure Agreement shall be used only for purposes of verification in connection with the E 9-1-1 surcharge negotiations, between TELCO NAME and the XYZ County E.T.S.B.
2. The XYZ County E.T.S.B. shall treat as confidential and shall not copy or reproduce, nor transmit nor communicate to, anyone (except authorized persons responsible or administering the E 9 -1 - 1 surcharge ordinance), any information or data contained in the documents furnished by TELCO NAME to the XYZ County E.T.S.B. pursuant to this Non-Disclosure Agreement.

Date  
Page Two

The XYZ County E. T. S. B. shall limit dissemination of any information and data in documents supplied by TELCO NAME to those persons within its organization who have a need to know such information to fulfill the purpose of this Non-Disclosure Agreement. The Committee agrees to take all necessary steps and institute all necessary policies to ensure that all of TELCO NAME information and data disclosed, hereunder, will remain confidential and will not be disclosed to any third parties.

3. Any and all documents furnished by TELCO NAME to the XYZ County E. T. S. B. pursuant to this Agreement shall be returned within ninety days from the date of this agreement to TELCO 9-1-1 Coordinator, TELCO NAME, ADDRESS.
4. The provisions of this Non-Disclosure Agreement shall be binding upon the XYZ County E.T.S.B., its respective successors, employees, agents, attorneys and all other persons acting on its behalf.

If the above terms and conditions are acceptable, please sign below where indicated to acknowledge the XYZ County E.T.S.B.'s agreement to and its receipt of the information enclosed. Please return a copy of this signed letter as soon as possible.

Sincerely,

TELCO NAME

BY: \_\_\_\_\_  
9-1-1 Coordinator

AGREEMENT AND ACKNOWLEDGEMENT OF RECEIPT

XYZ COUNTY EMERGENCY TELEPHONE SYSTEM BOARD

BY: \_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date