

Police, Fire and EMS Resident Emergency Information Form

You rely on us to provide police, fire and emergency medical service to you and your neighbors. In order for us to provide the best possible service during an emergency, it is helpful for us to know some things about you. For example, if you have an alarm system at your residence, it is helpful for the dispatchers to know the names, addresses and phone numbers of any persons with keys to the property. If you have a security gate, it is helpful for the dispatchers to know how to gain access without having to damage your property. It is also helpful to know whether or not emergency personnel will encounter any pets on your property.

Information about your health conditions may also assist the dispatchers in providing emergency services. For example, if a resident normally uses a ventilator or portable oxygen, paramedics may want to know that in advance of their arrival.

Residents who would like to voluntarily provide this type of information to the communications center for reference by the dispatchers in support of a law enforcement, fire or emergency medical incident should complete this form and return it in person or by mail.

Resident/last name first name

Address

If you have a security gate or front door, what is the access code? _____

Telephone/home Work

Cellular Pager

Other Persons With Keys

Please list any neighbors, family members or other persons who have keys to your property, and which might be available to provide them emergency personnel to gain access to your property when an emergency is reported there.

name

name

address

address

city

city

phone/home

phone/home

work

work

Special Information

Children and adults may need special assistance in case of an emergency. Please complete the following information to help the dispatchers provide more accurate information to responding emergency crews.

name

date of birth

special need

where in the house does the person sleep?

signature (parent if this is a child)

name

date of birth

special need

where in the house does the person sleep?

signature (parent if this is a child)

name

date of birth

special need

where in the house does the person sleep?

signature (parent if this is a child)

Please list any other information that the dispatchers or field units may need to know in case of an emergency

Are there any dogs on the property? Y or N How many? _____ Other animals _____

Is there an indoor or outdoor pool? Y or N Where is it located? _____

The information on this form will only be used when an emergency is reported to us at the address you listed on the front of the form. The information will only be given to law enforcement, fire or emergency medical personnel that we dispatch to handle the incident, or emergency medical personnel at a hospital for your treatment. Like all information that our agencies collect, the information may also be released to law enforcement agencies in connection with a criminal investigation, or by a court issued subpoena. If you have any questions about the privacy or use of this information, please contact us at: