

INDIVIDUAL - FAMILY REGISTRATION

For Dispatch Information Only

INDIVIDUAL - FAMILY NAME: _____

ADDRESS: _____

LOCATED IN CITY: _____ OR COUNTY _____

HOME PHONE: _____

CELL PHONE: _____

EMERGENCY CONTACT PERSON: _____

PHONE: _____

SECOND EMERGENCY CONTACT: _____

PHONE: _____

DESCRIPTION OF RESIDENCE IF NOT MARKED: _____

House, Duplex, Single or Double Wide, Neighborhood

NOTES OR INFORMATION ABOUT RESIDENTS: _____

MEMBERS OF THE HOUSEHOLD WITH SPECIAL NEEDS IN AN EMERGENCY

Medical Concerns: Hearing Loss, Oxygen Use, Diabetic, Heart Patient, Seizure, Chronic Illness, Cognitive Impairment, Allergies, Walker, Wheel chair,

Primary Care Physician

Name _____

Phone _____

Are there Animals inside the Home? _____

THIS INFORMATION IS FOR EMERGENCY USE ONLY, TO HELP RESPONDERS LOCATE YOUR RESIDENCE, AND ADDRESS ANY PROBLEMS AS NEEDED.

RETURN THIS FORM TO:
LEWIS COUNTY EMERGENCY DISPATCH (E-911)
116 COMMERCE DR. HOHENWALD, TN 38462
931-796-3616 OR 931-796-3640