



Dial
9-1-1
Police – Fire - Ambulance

**TALBOT COUNTY RESIDENT
EMERGENCY INFORMATION FORM**

Help us help you! We are currently in the process of updating our Talbot County resident information files. When completed, these files will be entered into the Computer Aided Dispatch (CAD) system and will assist us in sending the emergency assistance you may need, quickly and efficiently. Please take time to complete this information form and return it to us at the address printed on the back. An envelope is not necessary. The information you provide is considered **CONFIDENTIAL** & only authorized personnel will have access to it. **(PLEASE PRINT ALL INFORMATION)**

Please list all telephone numbers at residence [main number, unlisted number, cell phone number(s)]

NAME (HEAD OF HOUSEHOLD) _____
LAST FIRST MI

Names of other Occupants: _____, _____, _____, _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

NEAREST CROSSROAD OR STREET: _____

DRIVING DIRECTIONS TO RESIDENCE FROM CLOSEST MAJOR ROAD: _____

PLEASE PLACE AN "X" NEXT TO ANYTHING THAT APPLIES TO A PERSON LIVING IN YOUR HOME.

____ HEARING IMPAIRED (TTD #: _____) ____ SPEECH IMPAIRED ____ VISION IMPAIRED

LANGUAGE SPOKEN _____ ____ NEED EVACUATION TRANSPORTATION

____ BEDRIDDEN/WHEELCHAIR, CANE, WALKER, SCOOTER ____ OXYGEN ____ OTHER _____

IS THIS A DAYCARE? ____ YES ____ NO IF YES, HOW MANY CHILDREN? ____ OPERATING HRS. _____

IS THIS A GROUP HOME? ____ YES ____ NO IF YES, MAX # OF BEDS _____

IS RESIDENCE IN CLOSE PROXIMITY TO A ____ HYDRANT ____ POND/STREAM/RIVER ____ POOL

DO YOU HAVE PETS? ____ YES ____ NO IF SO, HOW MANY ____ AND WHAT TYPE(S) _____

RESIDENCE DESCRIPTION: (CHECK ALL THAT APPLY) ____ SINGLE FAMILY HOUSE

____ ONE STORY ____ MULTIPLE STORY ____ WOOD ____ MASONRY ____ FARM

____ MULTIPLE FAMILY HOME/APARTMENT ____ OTHER _____

HEATING SYSTEM: ____ ELECTRIC ____ GAS ____ FUEL OIL ____ PROPANE ____ OTHER _____

CONTACT PERSON/KEYHOLDER (NAME/PHONE) _____

ADDITIONAL INFO. FOR EMERGENCY RESPONSE: _____

PLEASE NOTIFY THIS OFFICE OF ANY CHANGES 410-822-0095

Para obtener una copia de este folleto en español usted puede ir a el Departamento de Salud y la Biblioteca del Condado del Talbot.

Place
Stamp
Here.

**Talbot County Emergency Management Agency
605 Port Street
Easton, Maryland 21601**