

## **Disability/Special Assistance Notification Form**

This form will provide information about your disability/special needs to our dispatchers and ultimately Putnam County's Emergency Service Providers. Information that you provide will be held in the strictest confidence and will be shared with police, fire & EMS providers only during the tine of an emergency. The information you provide will be entered into our dispatch computers and will be associated with your address. Should you move, even within Putnam County, please contact the dispatch center with updated information.

Once completed please return this form to: Putnam County Bureau of Emergency Services Attention Director of Communications 112 Old Route 6 Carmel, NY 10512

Should you need additional information please call the Bureau during normal business hours at (845) 808-4000.

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Last Name	First Name	Middle Initial	Date of Birth
Home Address		Town/Village	
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Disability/Special Need			
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Background Information Regarding Disability/Special Need			
Daytime Location Within Residence			
Nighttime Location Within Residence			
Additional Information Regarding Residence (elevator, oxygen equipment, etc)			
Additional Information			



