

UNION COUNTY RESIDENTIAL 9-1-1 UPDATE FORM

POLICE – SHERIFF – FIRE – MEDICAL ASSISTANCE

COMPLETE FORM BELOW AND E-MAIL or SEND VIA REGULAR MAIL. PLEASE PRINT!

Mailing Address: Union County Sheriff's Office, Attn: 911 Director, 221 W. Fifth St., Marysville, Ohio 43040

Email: dispatch@unioncountyoio.gov

1. Telephone Number: (_____) _____ - _____ Email Address _____

2. Name & Street Address (No P. O. Boxes)

Last First Initial

Address Number Street / Road Box/Apt/Rt

City Zip Code

3. How many people live at this address: _____

List date of birth:

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

4. Does a handicapped person live at this address? _____ Yes _____ No

If YES, please list any special needs in case of an emergency: _____

5. Is any person a TDD user? _____ Yes _____ No

6. Is this house multi-story? _____ Yes _____ No

7. Does anyone use or store any hazardous material or explosives at this address? _____ Yes _____ No

If yes, please list type, quantity and location.

Type Quantity Location

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8. What are the names of the utility companies which serve this address?

Electric Natural Gas / Propane Other

9. What is unique about this property that law enforcement, fire fighters, or medical personnel need to know?

(i.e.: vicious dog, blocked entries, etc.)

10. **Optional: You may provide medical information that you feel would be helpful to emergency responders, use the backside of this form if necessary.** (i.e. medicines taken regularly, pacemaker, etc.)

11. Emergency Contact Information of a caretaker, relative or friend: _____

I hereby release the foregoing information for use in the Union County 9-1-1 database.

Signature

Date