



# TOWN OF EVANS POLICE DEPARTMENT

8787 ERIE ROAD ANGOLA, NEW YORK 14006



## EMERGENCY 911

ERNEST P. MASULLO  
Chief of Police

716-549-3600  
Fax 716-549-6089

### EMERGENCY RESPONSE DATA FOR THE DISABLED OR SPECIAL MEDICAL NEEDS

If you or someone in your household is disabled or have special medical needs, the people whose job it is to respond when you call for help in an emergency need to know. Whether it affects your entire community, your street or just your home, Seconds can make a life-or-death difference. That's why we encourage you to take a minute to fill out the form below and return it to the address also provided below. Having specific details about your special situation will significantly help us help you.

**For more information contact – 716-549-3600.**

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

Town / State / Zip \_\_\_\_\_

Type of Residence (please check one):

Single family home     Assisted living facility     Senior housing complex / facility

Phone # of listed Person (    ) \_\_\_\_\_ How many people live in the household? \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Your Language (if not English) \_\_\_\_\_

### Emergency contact for the above-listed resident:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone # (    ) \_\_\_\_\_ Secondary # (    ) \_\_\_\_\_

(circle one)

(circle one)

Are you confined to your bed?	Yes No	Are you on constant oxygen?	Yes No
Can you walk without assistance?	Yes No	Are you visually impaired	Yes No
Are you hard of hearing or deaf?	Yes No	Are you on life support?	Yes No
Do you live alone?	Yes No	Do you have your own transportation?	Yes No
Do you use a wheelchair?	Yes No	Do you have any animals?	Yes No

### Please return this form to:

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Angola, New York 14006