

TOWN OF EVANS POLICE DEPARTMENT

8787 ERIE ROAD

ANGOLA, NEW YORK 14006



EMERGENCY 911

Gregory J. Szarowicz 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 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					
Town / State / Zip				-	
Type of Residence (please check or	ne):				
Single Family Home Assis	sted L	iving Faci	ity Senior Housing Complex / Faci	lity	
Phone # of listed Person ()		Но	ow many people live in the household?_		
Age Date of Birth		Your	Language (if not English)		
Emergency contact for the above	-listed	d residen	t:		
Name Relationshi			ship		
Primary phone # ()		Seconda	ry # ()		
(circle	one)	(circle	one)
Are you confined to your bed? Can you walk without assistance? Are you hard of hearing or deaf? Do you live alone? Do you use a wheelchair	Yes Yes	No No No	Are you visually impaired? Are you on life support?	Yes	No No No

Please return this form to:
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Angola, NY 14006