



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.

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Place  
Stamp  
Here.

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