SPECIAL NEEDS INFORMATION FORM
CITY OF SOUTHFIELD
Civilian Operations, 9-1-1 Emergency Communications Division
26000 Evergreen Road
P.O. Box 2055
Southfield, Michigan 48037-2055

To provide improved services to the people of our community, the Southfield Police and Fire Departments have implemented a “Citizens with special needs” program. By including your special needs information in our computer data base, this feature will allow the City’s Police, Fire and Medical response teams to be aware of any special situations prior to responding to your request for emergency or public safety assistance. Examples may include:

- Individuals with hearing or sight disabilities
- Non-English speaking individuals
- Individuals with special medical conditions
- Unfriendly pets
- Other unique circumstances

To assist us with this service, please complete and return this form to the City of Southfield, Civilian Operations, 9-1-1 Emergency Communications Division, 26000 Evergreen,
P.O. Box 2055,
Southfield, Michigan 48037-2055.

Name:
Address:
Apartment - Unit#
Home Phone: ( ) Other contact number:
Area code Telephone number

Briefly describe any special needs or circumstances:

Emergency Contact Information:
Name:
Phone #:
Address:
City:

This information will be ***strictly confidential*** and only used for the purpose of helping you during an emergency or other public safety response more effectively.
My signature below indicates I understand the above and authorize the Southfield 9-1-1 Emergency Communications Division to add the information that I have provided to their computer files for use in the event of an emergency.

Signature:
Date: