



Mentor Safety Forces Communication Center
RESIDENCE SPECIAL ATTENTION
ADDRESS FLAG



Information provided on this form will be entered into a database to alert first responders of residents who due to age, limitations, or for any other reasons or concerns, may need special assistance should a call be made from the residence to 9-1-1.

ADDRESS	
NAME OF RESIDENT(S)	
TELEPHONE #	

HOW MANY PEOPLE LIVE IN THE HOME?	
NAME OF INDIVIDUAL(S) WHO REQUIRES SPECIAL ASSISTANCE:	
AGE OF INDIVIDUAL (S)	
IS THIS INDIVIDUAL(S) ABLE TO WALK?	
IS THIS INDIVIDUAL(S) ABLE TO DRIVE?	
ARE THERE PETS IN THE HOME?	

MEDICAL CONDITION/SPECIAL NEEDS
<i>describe/list all medical conditions/limitations/special needs</i>

	Location	Code	
IS THERE A HIDDEN KEY/LOCK BOX OR GARAGE CODE TO ALLOW EMERGENCY PERSONNEL TO ENTER THE HOME IF NECESSARY?			
	Name/Relation	Phone Number	Has House Key
IS THERE A RELATIVE WE CAN CONTACT IN CASE OF EMERGENCY?			
IS THERE A NEIGHBOR LIVING CLOSE BY WHO WE CAN CONTACT IN CASE OF EMERGENCY?			

Mail or Drop Off completed form to Mentor Fire Headquarters at 8467 Civic Center Blvd., Mentor, Oh 44060
For Questions or to Register by Phone, call 440-974-5765 or email Lombardo@cityofmentor.com