



Mentor Safety Forces Communication Center

RESIDENTIAL INFORMATION

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.

RESIDENT(S)	NAME		DOB	REQUIRES SPECIAL ASSISTANCE (Y/N)
ADDRESS				
TELEPHONE #				
ARE ALL INDIVIDUALS ABLE TO WALK?		Y or N	If No, who cannot:	
ARE ALL INDIVIDUALS ABLE TO DRIVE?		Y or N	If No, who cannot:	
ARE THERE PETS IN THE HOME?		Y or N	If Yes, Qty & Type:	
MEDICAL CONDITION/SPECIAL NEEDS (list all medical conditions/limitations/special needs)				
IS THERE A WAY FOR EMERGENCY PERSONNEL TO ENTER THE HOME?				
LOCK BOX	Y or N	Location:		
HIDDEN KEY	Y or N	Location:		
GARAGE CODE	Y or N	Code:		
IS THERE A RELATIVE OR NEIGHBOR WE CAN CONTACT IN CASE OF EMERGENCY?				
NAME / RELATIONSHIP			PH #	

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