

VILLAGE OF TUXEDO PARK POLICE EMERGENCY PLAN DATA RECORDS

CONFIDENTIAL

PLEASE PRINT CLEARLY

PERSONAL RESIDENT DATA

DATE _____

NAME _____

ADDRESS _____

PHONE # (____) _____ WORK # (____) _____

CELL # (____) _____ EMAIL: _____

CELL # (____) _____ EMAIL: _____

SECONDARY RESIDENCE

ADDRESS _____

PHONE # (____) _____

FAMILY MEMBERS

NAME	D.O.B.	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

PET INFORMATION

☐ **DOG**

☐ **CAT**

☐ **OTHER**

NAME _____ DESCRIPTION _____

NAME _____ DESCRIPTION _____

MEDICAL EMERGENCY INFORMATION

NAME _____ D.O.B. _____

☐ **OXYGEN** ☐ **WHEELCHAIR** ☐ **SPECIAL NEEDS** ☐ **OTHER**

If "OTHER" marked explain: _____

GENERATOR

☐ **YES**

☐ **NO**

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ALARM INFORMATION

Date: _____

NAME OF FIRM: _____

ADDRESS: _____

PHONE #: _____ KEYPAD LOCATION: _____

MANUAL OR AUTOMATIC RESET _____

CARETAKER INFORMATION/KEYHOLDER

NAME

ADDRESS

PHONE #

EMERGENCY CONTACT INFORMATION

NAME

ADDRESS

PHONE #

IF MORE SPACE IS REQUIRED, PLEASE INDICATE ON A SEPARATE SHEET OF PAPER AND ATTACH.

ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. ALL DATA RECEIVED IS STORED SO THAT WE MAY BETTER SERVE YOU.