



TUSCARAWAS COUNTY SHERIFF'S OFFICE
911 CENTRAL DISPATCH
 2295 Reiser Ave. S.E., New Philadelphia, Ohio 44663
 Phone: (330) 339-2000 Fax: (330) 339-4432
 Walter R. Wilson, Sheriff

9-1-1 REGISTRATION CARD

Tuscarawas County Residents:

When you call 9-1-1 with an emergency, the system automatically displays your telephone number and address. Our system also has the ability to display any special conditions or instructions you may have so that law enforcement, fire and ambulance services can be prepared when responding to your emergency.

If you have any special conditions or instructions you wish to be displayed or wish to change information previously provided to us, please complete both sides of this form and mail/hand deliver it to the address provided on this form. All information provided remains **CONFIDENTIAL**. If you have any questions please contact the Sheriff's Office at (330) 343-2642. Thank you in advance.

This form is New Update Date: _____

Please Print Clearly

Telephone Number: _____

Name: _____ Apt./Lot/Suite #: _____

Address: _____

City: _____ Township: _____

Village: _____ Zip Code: _____

Home Description: _____

Check off any of the following conditions in your home

- Children in home If yes, how many: _____
- Person with special medical needs If Yes, complete page 2 of this form.
- TTY User/Deaf/Hearing or Speech Impaired
- Personal oxygen in use or storage
Location: _____
- Propane, fuel oil, gas in use or storage
Location: _____
- Other hazardous or flammable materials on premises
Location: _____

(Over)

Persons with Special Medical Needs/Disabilities/Conditions/Medications

Name: _____ D.O.B.: _____
 Special Need: _____

 Name: _____ D.O.B.: _____
 Special Need: _____

 Name: _____ D.O.B.: _____
 Special Need: _____

(If more entries are needed, please use another sheet of paper to complete)

Emergency Contacts

Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____

 Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____

Any additional information to help Emergency Services to assist you.

Residential Information

Is your home equipped with an alarm system? Yes No

If yes, Fire Police Medical Other: _____ Phone: _____

Do you have a Beacon Light Yes No

Signature: _____ Date: _____



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E-mail: sheriff@co.tuscarawas.oh.us

REVERSE 9-1-1 CELL PHONE REGISTRATION FORM

PLEASE PRINT OR TYPE CLEARLY

* REQUIRED INFORMATION

*Name: _____

*Address: _____

*City: _____

*State: _____ *Zip Code: _____

Email Address: _____

*Home Phone _____

*Cell Phone Number: _____

Signature of person completing this form

Date

NOTE: No beeper/pager numbers please

All information provided on this form is confidential and is intended only for the use of the Tuscarawas County Sheriff's Office for the purpose of entering the information into the County's Emergency Notification System. If at any time your information changes, please contact the Sheriff's Office at (330) 339-2000

DISCLAIMER: By entering this particular cell phone information, notifications will be received anytime an event occurs that would affect your home address. The Emergency Notification System is not designed to locate your exact location during an activated calling session.