

BERRIEN COUNTY
911 INFORMATION CENTER

Berrien County is proud to have 911, a 24 hour emergency response system to serve your area. This system will allow Berrien County to serve you better.

When you call 911 in an emergency, this system automatically displays and relays the name, address and any special instructions/information that you provide, to police, fire, or ambulance services dispatched to your location. All information provided is confidential and will only be used for 911 emergencies.

If you have any questions about the 911 system please call the 911 Emergency Information Center at one of the following numbers.

- Buchanan, Niles, Galien 695-3887, Ext. 4979
- Three Oaks, New Buffalo, Lakeside, Union Pier 756-9571, Ext. 4979
- Bridgman, New Troy, Sawyer 465-5373, Ext. 4979
- Any Other Location 983-7111, Ext. 4979

To help us serve you better, please complete and mail [or hand carry] the information below as soon as possible. All information you provide will be held in confidence. To ensure this information is confidential, please fold and tape closed.

THANK YOU FOR PRINTING CLEARLY.

----- Cut on line and keep for your records -----

Date: _____

CONFIDENTIAL

Check [X] the appropriate box:

- [] Have not previously filled out an information sheet.
- [] Address change, please give previous residence address: _____
- [] Telephone change, please give previous phone number: [_____] - _____

Name: _____
Last First

Telephone number[s]: [269] _____ - _____

Address: [including PO Box or RR] _____
Number Street Apartment or Lot Number P.O. Box

Address Description: _____

[Ex: Nearest road crossing your street, 2nd floor apt., s.w. corner of building, brick building on the south side of street]

City, Zip: _____

Check [X] for any medical conditions that exist at your location.

- [] Blind Person [] Mental Disorder [] Heart Condition
- [] Diabetic [] Deaf/Hard of Hearing [] Others: _____

Check [X] for any special conditions that exist at your location.

- [] Hazardous or Flammable Material (bottled gas/oxygen, pool chlorine, explosives)
- [] Ammunition/Firearms
- [] Watch Dog or Dangerous Animal

Number of Occupants: Adults _____ Children _____

Emergency Contact Person (not at above address):

Name: _____ Phone Number: [_____] - _____
Last First

Please enclose any additional information that the 911 Information Center should know in order to serve you better in case of an emergency.

Signature: _____