

RESIDENT EMERGENCY INFORMATION FORM

VILLAGE OF OAK BROOK

This information is a tool to assist emergency response personnel who may be called to your home. Such personnel respond based on available resources, and the information that you provide should not and is not intended to create an expectation of service greater than that which we are able to provide.

Please Note: If you currently use a **Central Station Alarm System** (an alarm that is **not** directly connected to the Oak Brook Communication Center for visual monitoring), make sure your alarm company also has all your current information. If you use a Central Station Alarm System, it is **their** responsibility to notify additional keyholders.

PLEASE PRINT all information below and on reverse side

Resident Information

Last Name: _____ First Name: _____

Address: _____ Home Telephone: () _____

Work telephone: () _____ Pager Number: () _____

Do you have a security gate? yes no If yes, what is the security code? _____

Additional Keyholders

neighbors or family living nearby who have keys to your home for emergency purposes:

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

Home Phone: () _____ Home Phone: () _____

Work Phone: () _____ Work Phone: () _____

Potential Hazards

Are there any dogs on the premises? yes no If yes, how many? _____

Other pets? yes no If yes, list type(s): _____

Please check one or more: indoor pool outdoor pool no pool

Specific location of pool(s): _____

Other conditions that you feel may be hazardous to responding emergency personnel: _____

-----Form is continued on reverse side-----

Special Assistance

The information provided below may assist the Village in locating and better assisting the occupants of your residence in the event of an **EMERGENCY**.

Occupant #1

Name: _____

Date of birth: _____

Special or healthcare needs (ventilator, oxygen, etc.)

Circle where he/she sleeps: basement 1st flr
2nd flr 3rd flr Bedroom window(s) faces which
direction(s)? North South East West

Signature of occupant #1: _____

(if under age 18, parent or guardian must sign below)

Occupant #2

Name: _____

Date of birth: _____

Special or healthcare needs (ventilator, oxygen, etc.)

Circle where he/she sleeps: basement 1st flr
2nd flr 3rd flr Bedroom window(s) faces which
direction(s)? North South East West

Signature of occupant #2: _____

(if under age 18, parent or guardian must sign below)

Occupant #3

Name: _____

Date of birth: _____

Special or healthcare needs (ventilator, oxygen, etc.)

Circle where he/she sleeps: basement 1st flr
2nd flr 3rd flr Bedroom window(s) faces which
direction(s)? North South East West

Signature of occupant #3: _____

(if under age 18, parent or guardian must sign below)

Occupant #4

Name: _____

Date of birth: _____

Special or healthcare needs (ventilator, oxygen, etc.)

Circle where he/she sleeps: basement 1st flr
2nd flr 3rd flr Bedroom window(s) faces which
direction(s)? North South East West

Signature of occupant #4: _____

(if under age 18, parent or guardian must sign below)

Signature of person preparing this form: _____ **Date:** _____

Mail to: Village of Oak Brook
 Attn: Communications Supervisor
 1200 Oak Brook Road
 Oak Brook, IL 60523

Special Note: Immediately notify the Communications Center, IN WRITING, if there are ANY changes to your submitted information. Verbal changes cannot be accepted.
Old information can be useless and life threatening.