

MIDLAND COUNTY CENTRAL DISPATCH AUTHORITY
ENHANCED 9-1-1
AUTOMATIC DETAIL INFORMATION FORM

The 9-1-1 system will automatically display your telephone number and special conditions or instruction you provide to the Midland County Central Dispatch Authority.

Please fill in the requested information below. The information you provide is critical in assisting local authorities responding to an emergency at your location. **ALL INFORMATION IS CONFIDENTIAL.** All information is valid for one year and will require annual updates to continue validity.

Current Information:

Home Telephone No: _____ Cell: _____ Work: _____

Name: Last: _____ First: _____ Dob: _____

Street Address: _____ APT# _____

City: _____ Zip Code: _____

Nearest Cross Street or Additional Directions: _____

If Current Information is different from last year:

Last Telephone No: _____

Last Address: _____

Are you a Neighborhood Watch Participant: Y N Block Captain's Name & No. _____

THIS ADDRESS IS A (check all that apply) :

_____ House _____ Mobile Home _____ Apartment _____ Owner Occupied _____ Rented

_____ Farm _____ Business

Alarm Co. Name: _____

THE FOLLOWING HAZARDOUS MATERIALS EXIST AT THIS ADDRESS:

_____ Gasoline _____ Diesel _____ LPG _____ Other Chemicals

_____ Ammunition _____ Explosives _____ Pesticides _____ Poisons

_____ Radio Active Material _____ Paints _____ Excessive Quantities of any of above?

SPECIAL NEEDS PERSON AT THIS ADDRESS:

Name: Last: _____ First: _____ Date of Birth: ____/____/____

_____ Hearing Impaired _____ Use of TTY/TDD at this residence? _____ Sight Impaired

_____ Mentally Handicapped _____ Alzheimer/Memory Impaired _____ Bedridden

_____ On Oxygen Supply _____ Physically Handicapped _____ Under Medical Care for Heart Problems

Other: _____

ADDITIONAL SPECIAL NEEDS PERSON AT THIS ADDRESS

Name: Last: _____ First: _____ Date of Birth: ____/____/____

_____ Hearing Impaired _____ Use of TTY/TDD at this residence? _____ Sight Impaired

_____ Mentally Handicapped _____ Alzheimer/Memory Impaired _____ Bedridden

_____ On Oxygen Supply _____ Physically Handicapped _____ Under Medical Care for Heart Problems

Other: _____

There is a Key or Keyholder located at (*please include Name, Address & Phone #, if applicable*):

Return this form to:

Midland County Central Dispatch Authority
2727 Rodd Street
Midland, MI 48640
Telephone: (989) 839-6464

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Special Animals/Livestock

Incidents may arise that require 911 to contact residents regarding missing or located animals:

Please indicate animals owned at this address and the number of each:

____ DOG ____ CAT ____ HORSES ____ COWS ____ PIGS
____ BUFFALO ____ EMUS ____ LLAMAS ____ TURKEY ____ CHICKENS

OTHER: _____

____ SERVICE ANIMAL TYPE: ____ SEIZURE ____ GUIDE ____ HEARING

BREED: _____ COLOR: _____ LICENSE OR REG# _____

If any of the above is indicated, please include a phone number where you may be reached in case of an animal emergency:

(w) _____ (h) _____ (cell/pager) _____

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