



# Midland County Central Dispatch Authority

## ADI Form

(989) 839-6464

Mail to: 2727 Rodd St, Midland, MI 48640

Fax to: (989) 839-6476

Email to [adi@midland911.org](mailto:adi@midland911.org)

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Nearest Cross Street or Additional Directions: \_\_\_\_\_

### **Additional residents listed on page 2.**

Email Address: \_\_\_\_\_

Would you like to be updated annually via email? Y \_\_\_ N \_\_\_

This address is a: (Check all that apply)

Home \_\_\_ Mobile Home \_\_\_ Apartment \_\_\_ Duplex \_\_\_ Condo \_\_\_ Farm \_\_\_ Business \_\_\_

Owner Occupied \_\_\_ Rental \_\_\_ Alarm Company: \_\_\_\_\_

List any hazardous materials that are stored in LARGE quantities at this location.

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There is a key located at: \_\_\_\_\_

Emergency Contact Person(s): \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Phone Numbers: \_\_\_\_\_

**Special needs or other person at this address:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Additional Information: (Check all that apply)

Hearing Impaired \_\_\_ Uses TTY/TDD \_\_\_ Sight Impaired \_\_\_ Mentally Handicapped \_\_\_

Alzheimer's/memory impaired \_\_\_ Bedridden \_\_\_ On Oxygen \_\_\_ Physically Handicapped \_\_\_

Under medical care for heart problems \_\_\_

Other Information for this residence: \_\_\_\_\_

\_\_\_\_\_

**Animals / Livestock:** Incidents may arise that require 911 to contact residence regarding missing or located animals. (Check all that apply)

Dog? Y \_\_\_ N \_\_\_ Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Registration # \_\_\_\_\_

Cat? Y \_\_\_ N \_\_\_ Name: \_\_\_\_\_

Cows \_\_\_ Pigs \_\_\_ Buffalo \_\_\_ Chicken \_\_\_ Llamas \_\_\_ Alpaca \_\_\_ Turkey \_\_\_ Tiger \_\_\_

Other (type/quantity): \_\_\_\_\_

Service Animal: Y \_\_\_ N \_\_\_ Type: Seizure \_\_\_ Guide \_\_\_ Hearing \_\_\_

Name: \_\_\_\_\_ Registration # \_\_\_\_\_

If any animals are indicated, please include contact information in case of an animal emergency:

\_\_\_\_\_