

# FORT BRANCH POLICE DEPARTMENT

## EMERGENCY CONTACT INFORMATION

### YOUR INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Special Needs? \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Phone Numbers

Cell \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

**INFORMATION WILL ONLY BE USED IN CASE OF AN EMERGENCY AND IN ASSESSING THE NEEDS OF FORT BRANCH RESIDENTS DURING EMERGENCY EVENTS (IE: TORNADOS & OTHER SEVERE WEATHER, POWER OUTAGES, EATHQUAKES, ETC.)**