



County of Saratoga Office of Emergency Services

25 West High Street
Ballston Spa, NY 12020

Phone: (518) 885-2232 *Fax: (518) 884-4707

9-1-1 Special Needs Registry Application

| | | |
|------------|------------|----------------|
| _____ | _____ | _____ |
| Last | First | Middle Name |
| _____ | _____ | _____ |
| Address | City | State Zip Code |
| _____ | _____ | _____ |
| Home Phone | Cell Phone | Email |

Date of Birth: ____/____/____ **Sex:** Male Female

Residence Type: Private Home Apartment/Condo Mobile Home Retirement Home
 Other: _____ Yearly resident? Yes No If no, from _____ to _____

Is Your Disability: Temporary **or** Permanent
If temporary, please provide a medical release date: _____
If temporary, you will be removed following the release date.

Type of Disability: (check all that apply)
 Mobility Impairment Major Respiratory Illness Mental Disability Hearing Impaired
 Blind I have a hearing/seeing service animal which will accompany me
 Bedridden On Ventilator Other: _____

I understand that my participation in this registry is voluntary and all information maintained will be strictly confidential, used only for emergency purposes, and hereby request registration in the Saratoga County 9-1-1 Special Needs Registry Program.

Signature of Registrant: _____ Date: _____

Caregiver: _____ Date: _____

Caregiver Home Phone: _____ Caregiver Cell Phone: _____

Relationship to registrant (if any) _____

Please Mail form back to: **Saratoga County Office of Emergency Services**
25 West High Street
Ballston Spa, NY 12020

Please notify the Office of Emergency Services at (518) 885-2232 in the event any of the above information changes. You may be contacted periodically to update and verify our records.