

EASTHAMPTON PUBLIC SAFETY
POLICE DEPARTMENT ** FIRE DEPARTMENT ** EMS
32 PAYSON AVENUE ** EASTHAMPTON MA 01027
413-527-1212 ** 413-527-2424 ** FAX 413-529-1499

Emergency contact information * Family members * Doctor / Medical information

Name of resident _____
Date of Birth _____ Social Security Number _____
Address in Easthampton _____ Apt. / Floor _____
Key box location _____
Phone _____ Cell Phone _____
Sex _____ Race _____ Complexion _____ Age _____ Height _____ Weight _____
Build _____ Hair Color _____ Eye Color _____ Glasses _____ Facial Hair _____

Neighbor/ family member with key _____
Address _____ Phone _____ Cell _____

Limited Mobility _____ Hearing Impaired _____ Sight Impaired _____
Medical History _____
Medications _____
Doctors Name _____ Phone _____

Emergency Contacts:

Name _____	Relationship _____
Address _____	Phone _____ Cell _____
Name _____	Relationship _____
Address _____	Phone _____ Cell _____
Name _____	Relationship _____
Address _____	Phone _____ Cell _____

Vehicle information:

Registration number _____ Make _____ Model _____
Style _____ Color _____

Is resident known to have weapons / carry weapons; if so types of weapons: _____

Is resident likely to become combative: _____

Name of person filling out form _____ Relationship _____
Address _____ Phone _____ Cell _____

Date: _____ Time: _____ Signature: _____
