

CHEROKEE COUNTY COMMUNICATIONS E911 FORM

Home Owners/Business Name _____

Address _____

Telephone Number _____

Nearest Cross Street _____

Nearest Landmark _____

House/Business Description _____

Keyholder Information: Name _____ Phone #'s _____

(after hour:

emergency contacts) Name _____ Phone #'s _____

ALARM COMPANY INFORMATION

Name of Alarm Company _____

Telephone Number for Alarm Company _____

Password (this password is a word or number _____

between the homeowner and 911;

this is not the same one that you

provide to your alarm company)

MEDICAL INFORMATION (LIFE THREATENING MEDICAL PROBLEMS)

Name of Patient _____

Age of Patient _____

Medical Problem _____

Doctors Name _____

Next of Kin (1) _____

Telephone for (1) _____

Next of Kin (2) _____

Telephone for (2) _____

Keyholder for Residence: _____

Telephone # for Keyholder: _____