

ENGLEWOOD CLIFFS POLICE DEPARTMENT
10 Kahn Terrace
Englewood Cliffs, New Jersey 07632



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EMERGENCY
POLICE, FIRE, AMBULANCE
(CALL) 9-1-1

ENGLEWOOD CLIFFS POLICE ENHANCED 911 SYSTEM QUESTIONNAIRE

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

1. How many persons are there living at your residence?

2. If you live alone, does a neighbor or someone close by have keys for your home? If so whom? List name, address, and phone number of friend or neighbor.

3. If no one has keys, how can access be gained to your home in case of an emergency?

4. Do you have any pets (dogs, cats, etc.)

5. Do you, or anyone living in your home have any special medical problems? (Heart Condition, Asthma, Diabetes. Do you or anyone living with you use insulin, etc.) Is anyone in your home an invalid or impaired?

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6. Is there any special information about you or your home that you feel would aid the police or emergency services in case of an emergency at your home?

7. Please list the name, address, and telephone number of your nearest relative or friends that can assist you in case of an emergency.

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

ADDRESS _____

TELEPHONE NUMBER _____

8. Please list the name of your physician, address, and phone number.

ADDRESS _____

TELEPHONE NUMBER _____

ADDRESS _____

TELEPHONE NUMBER _____

9. List any comments or ideas that would assist the police department in maintaining the standard of care and protection provided.

THE INFORMATION YOU HAVE LISTED WILL BE KEPT IN
CONFIDENCE IN POLICE HEADQUARTERS

PLEASE RETURN TO: Englewood Cliffs Police Department
10 Kahn Terrace
Englewood Cliffs, NJ 07632
Attn: 911 Coordinator