



**Town of North Castle  
Emergency Contact Information**



In our ongoing effort to ensure that we are capable of meeting the security and safety needs of the residents of North Castle, we are enhancing our EMERGENCY CONTACT SYSTEM to ensure that in the event of an emergency we can provide the necessary support to all our residents. The answers you give below will provide us with critical information that we will be able to utilize to respond to your family's needs. Any responses to this questionnaire will be held in the strictest confidence and will be maintained ONLY by the North Castle Police Department. Please take a few minutes and provide us with this critical information to ensure your family's safety.

**Property Location:**

House Number \_\_\_\_\_ Street Name \_\_\_\_\_ Town \_\_\_\_\_

State - NY Zip Code \_\_\_\_\_ Nearest Cross Street \_\_\_\_\_

Do you have a generator installed on your property? .....  Yes  No

**Resident Information:**

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

Spouse/Partner: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

1st Phone Number for Police to call ..... (  )  -

2nd Phone Number for Police to call ..... (  )  -

Cell Phone for Police to call ..... (  )  -

E-mail Address \_\_\_\_\_

# of people UNDER 5 years of age \_\_\_\_\_ # of people OVER 80 \_\_\_\_\_

**Secondary Contact Information:**

(To be utilized in the event we are not able to contact you directly)

Contact's Name \_\_\_\_\_

Phone Number for Police to call ..... (  )  -

Cell Phone Number for Police to call ..... (  )  -

Contact's Relationship to You: \_\_\_\_\_

**Special Needs:**

Would anyone in your home have special medical needs during an emergency?  Yes  No

Please identify the specific medical need(s) (check all that apply)

Wheelchair  Oxygen  Immobile  Unspecified

Other: \_\_\_\_\_

Special Needs Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Domestic Pets:**

Do you have any domestic pets in the household? .....  Yes  No

If you do have domestic pets in your household please tell us how many you have of each

Dog  Cat  Horse  Other ..... \_\_\_\_\_

Are there any special concerns that 1st Responders should know about your animals? .....  Yes  No

General Pet Comments or Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For People in Rental Property:**

Property Owner's Name \_\_\_\_\_

Property Owner's Phone Number for Police to call ..... (   )   -

Property Owner's Cell Phone Number for Police to call .. (   )   -

Thank you for taking the time to complete this questionnaire.

Please return the questionnaire (by mail, in-person or by fax) to:

Supervisor  
Town of North Castle  
15 Bedford Road  
Armonk, NY 10504  
Fax # 273-6936

If you have any questions about this questionnaire please call  
the Supervisor's office at 273-3001