



**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 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: _____

(over)

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:
Police Department
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