

**BERRIEN COUNTY  
911 INFORMATION CENTER**

Berrien County is proud to have 911, a 24 hour emergency response system to serve your area. This system will allow Berrien County to serve you better.

When you call 911 in an emergency, this system automatically displays and relays the name, address and any special instructions/information that you provide, to police, fire, or ambulance services dispatched to your location. All information provided is confidential and will only be used for 911 emergencies.

If you have any questions about the 911 system please call the 911 Emergency Information Center at one of the following numbers.

Buchanan, Niles, Galien ..... 695-3887, Ext. 8479  
Three Oaks, New Buffalo, Lakeside, Union Pier ..... 756-9571, Ext. 8479  
Bridgman, New Troy, Sawyer ..... 465-5373, Ext. 8479  
Any Other Location ..... 983-7111, Ext. 8479

To help us serve you better, please complete and mail [or hand carry] the information below as soon as possible. All information you provide will be held in confidence. To ensure this information is confidential, please fold and tape closed.

**THANK YOU FOR PRINTING CLEARLY.**

----- *Cut on line and keep for your records* -----

Date: \_\_\_\_\_

**CONFIDENTIAL**

Check [X] the appropriate box:

- Have not previously filled out an information sheet.  
 Address change, please give previous residence address: \_\_\_\_\_  
\_\_\_\_\_  
 Telephone change, please give previous phone number: [\_\_\_\_\_] \_\_\_\_\_ - \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First

**Telephone number[s]:** [269] \_\_\_\_\_ - \_\_\_\_\_

**Address:** [including PO Box or RR] \_\_\_\_\_  
Number Street Apartment or Lot Number P.O. Box

Address Description: \_\_\_\_\_

*[Ex: Nearest road crossing your street, 2nd floor apt., s.w. corner of building, brick building on the south side of street]*

**City, Zip:** \_\_\_\_\_

Check [X] for any medical conditions that exist at your location.

- Blind Person       Mental Disorder       Heart Condition  
 Diabetic       Deaf/Hard of Hearing       Others: \_\_\_\_\_

Check [X] for any special conditions that exist at your location.

- Hazardous or Flammable Material (bottled gas/oxygen, pool chlorine, explosives)  
 Ammunition/Firearms  
 Watch Dog or Dangerous Animal

Number of Occupants: Adults \_\_\_\_\_ Children \_\_\_\_\_

**Emergency Contact Person (not at above address):**

Name: \_\_\_\_\_ Phone Number: [\_\_\_\_\_] \_\_\_\_\_ - \_\_\_\_\_  
Last First

**Please enclose any additional information that the 911 Information Center should know in order to serve you better in case of an emergency.**

Signature: \_\_\_\_\_