

City of London Public Safety Residential Information

This form's purpose is to add pertinent information to the City of London's public safety database in case an emergency response is requested at your residence. Complete as much pertinent information as you desire to assist first responders in the case of an emergency such as a burglary, fire, natural disaster or medical incident. The information will not be disseminated outside the intended use of public safety first responders. The form may be emailed to lpdrecords@lpdoh.com or sent to 10 E 1st St., London, OH 43140. Phone 740-852-1414.

Residence Address: _____
(Please ensure address is visible on residence)

Alarm Company: _____ **Phone:** _____

Residence Phone: _____ **(landline) Email** _____

Resident Name: _____ **Age** _____ **Cell:** _____

Resident Name: _____ **Age** _____ **Cell:** _____

Resident Name: _____ **Age** _____ **Cell:** _____

Resident Name: _____ **Age** _____ **Cell:** _____

Resident Name: _____ **Age** _____ **Cell:** _____

EMERGENCY CONTACT: _____ **RELATIONSHIP** _____ **Cell** _____

Please list & describe any special conditions, needs, disabilities or medical concerns for first responders:

List any other information about the property or location you feel may help first responders in an emergency:

I hereby release the above information to be utilized in a public safety database in the case of an emergency.

Signature

Date