

C.R.I.T. FIRE DEPARTMENT – 911 SURVEY

RT. 1 Box 201

Station 90/Admin. Office 928-662-4388

Airport Station 80 928-669-2328

928-662-5421 Fax

To help us better serve you, our Medical/Fire Emergency Service would like to gather information on your household for our 911 EMERGENCY SYSTEM, please complete this survey and return it to us. Thank you for your Assistance!

NAME ON LEASE AGREEMENT; OWNER; RENTER, ETC:			
PHYSICAL ADDRESS			
911 #			
911 # POSTED YES/NO	YES	NO	
PHONE NUMBER			
HOME TYPE: Mobile, HUD, Apartment, Privately Owned.			
STRUCTURE TYPE: Wood, Stucco, Brick, Single/ Double Wide.			

THANK YOU FOR YOUR TIME!

HOW MANY PEOPLE IN YOUR HOUSEHOLD (Those that live in home)					
	0-5	6-17	18-54	55-61	62 +
AGES OF MEMBERS OF YOUR HOUSEHOLD					
DO YOU HAVE A PHONE IN YOUR HOME?	YES	NO			
IS THERE ANY MEMBER WHO REQUIRES SPECIAL MEDICAL CARE? (Please Explain – Home Dialysis, Wheelchair Bound, Handicapped, etc.)	YES	NO	EXPLAIN:		
HAS ANY MEMBER (Living in Home) BEEN DIAGNOSED WITH ANY?	DIABETES	CANCER	TB	HIV/AIDS	HEP. C
This information is for our EMT/F.F. who in the event May have to respond to your residence, will have a Better understanding of household medical information!					
	HEART DISEASE	MENTAL HEALTH COND.	HIGH B/P	ASTHMA	
If you DO NOT have your 911 # posted, state reason why (no money to buy numbers, not important enough, etc.)					