

**OFFICE OF
CIVIL DEFENSE & FIRE COORDINATOR**

County Services Complex
2712 State Highway 29
Johnstown, New York 12095

STEVEN SANTA MARIA
Civil Defense Director/Fire Coordinator

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◆ **PLEASE RETURN THE COMPLETED FORM TO THE ABOVE ADDRESS** ◆

Fulton County Disabled Persons Voluntary Registry

This information will be kept confidential and only used in the event of an emergency or natural disaster. It does not guarantee that agencies will be able to provide assistance in every type of emergency. Fulton County shall not be held liable for any claim based upon good faith failure to exercise or perform a function or duty on the part of any officer or employee in carrying out a local disaster preparedness plan.

Date of Application ____/____/____

Last Name: _____ **First Name:** _____

911 Street Addresses: _____

Mailing Address (if different) _____

Town/Village/City _____ Zip Code _____

I live in a: (circle one) Single Home Trailer Apartment Complex

Telephone Home: (____) _____ Cell Phone: (____) _____

Birth Date: ____/____/____ Gender: (circle) Male Female

Do you live alone? Yes No Do you have Pets Yes No**

** Please make arrangements for pets. Pets (except service animals) are not allowed in Red Cross Shelters.

Do you have a functioning generator? YES NO

Local Emergency Contact Person _____

Relationship: (check one) Spouse ___ Family Relation/Specify ___ Other/Specify _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell (____) _____

Address _____

Backup Emergency Contact Person _____

Relationship: (check one) Spouse ___ Family Relation Specify ___ Other/Specify _____

Home Phone; (____) _____ Work Phone; (____) _____ Cell (____) _____

Address: _____

School Attending (if applicable) _____

School contact Name _____

Contact Phone Number at School (____) _____

Grade and/or Program _____

Please list all agencies which you attend or receive services from:

