DISABILITY INDICATOR FORM
Important Information and Instructions

You are required to complete this form if you want your police department, fire department, or other emergency agency to know about you when you call 9-1-1 in an emergency.

When your 9-1-1 call is answered at your local Public Safety Answering Point, the 9-1-1 system automatically displays your name, address and telephone number on the dispatcher's screen.

At your request, codes will be displayed on the dispatcher's screen that will identify the disability indicators that have been reported for you or someone living with you at your address. These codes will help the dispatcher at the 9-1-1 Public Safety Answering Point to communicate with the caller and provide useful information to your responding public safety agency.

The information is confidential and will **only** appear at the dispatcher's location when a 9-1-1 call originates from **your** address.

The information you provide for input to the 9-1-1 system will remain until you request a change or make a request to have it removed. **It is your responsibility to notify your 9-1-1 Municipal Coordinator when there is a change in the information described on this form.** When there is a change, complete another form and send it to your 9-1-1 Municipal Coordinator.

If the disability indicator form is not completed properly, the information will not be entered into the 9-1-1 system.

<u>When filling out the form, be sure to</u>:

1. Give your telephone number, name, and address
2. Check the box or boxes
3. <u>Sign</u> and date the form
4. Return the form to your 9-1-1 Municipal Coordinator for processing

Any questions should be referred to your 9-1-1 Municipal Coordinator at:

Name: _____

Telephone Number: _____

9-1-1 MUNICIPAL COORDINATORS:
<u>RETAIN ORIGINAL FOR YOUR RECORDS</u>
All forms must be signed by both parties or it will be returned.
Fax all disability indicator forms to Verizon 9-1-1 Database Management at
1-800-839-6020