Royal Oak Police Department
SPECIAL NEEDS EMERGENCY
Report Form

Date_____

_____ Royal Oak 480
Address

_____
PRINT Last Name First Name

(____) _____ (____) _____
Phone Number with area code Cell phone

_____
Nature of Disability

_____

Bedroom Location:_____

(____) _____
Phone Number of Closest Relative

Remarks_____

_____

_____

_____

Please complete and return this form to the Royal Oak Police Department, 221 E. Third Street, Royal Oak MI 48068. Your information will be entered into a special database in the event of an emergency call to your home.

Created 6/27/05