

**TOWN OF RAYMOND
RESIDENT INFORMATION FORM**

Would you kindly assist us in bringing our records up to date by completing this form with information regarding security systems, medical conditions and other special needs which will be beneficial and helpful to serve all our citizens on emergency and routine calls for service. (all information is strictly confidential).

Complete the form and either mail it or drop it off at your Dispatch Center. Any questions, please contact us at 895-4222. Thank you for your help.

RESIDENT NAME
ADDRESS
TELEPHONE NUMBER

SECURITY/ALARM SYSTEM INFORMATION
NAME/TEL NO OF ALARM MONITORING COMPANY
CONTACT PERSON OR KEY HOLDER

MEDICAL SPECIAL NEEDS
ANY OTHER PERTINENT INFORMATION FOR POLICE, FIRE AND AMBULANCE

Date form completed _____