



# COUNTY OF AUGUSTA

## EMERGENCY COMMUNICATION CENTER



Amanda G. Irvine  
Director  
(540) 245-5503  
airvine@co.augusta.va.us

18 Government Center Lane  
P.O Box 590  
Verona, VA 24482-0590  
www.co.augusta.va.us

Mallory Craig  
Operations Manager  
(540) 245-5508  
mbcraig@co.augusta.va.us

### Emergency Form

Name of Residence \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number Cell \_\_\_\_\_ House \_\_\_\_\_

Type of Residence [ ] Permanent [ ] Seasonal [ ] Business [ ] Other \_\_\_\_\_

If seasonal, approximately when is the dwelling occupied? \_\_\_\_\_

Do you have any type of alarm system? [ ] Security [ ] Fire [ ] Medical [ ] None

#### Emergency Notification(s)

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

#### Special Needs (Medical history, home oxygen, wheelchair patient, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Any special hazards that emergency personnel should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_