

QUEEN ANNE'S COUNTY OFFICE OF THE SHERIFF

Special Request to Law Enforcement / Responding Emergency Services

The purpose of this request for this request form is to provide responding personnel with information about a special circumstance or person who may have a special need residing in this residence. This information that you provide will be given to the dispatcher to be entered in as an alert on the property address. This information in case an incident will be relayed to the responding emergency services providers to include responding deputy sheriffs. Although we will not be asking for specific information on a special needs person or situation the more you provide with details may better assist responding agencies. All information **is completely optional**, you provide us with what you want first responders to have.

** The information is deleted from the system every 24 months from entry date, unless you submit an updated form

Homeowners full Name: _____

Homeowners 911 full street address: _____

Homeowners town: _____ zip code: _____

Homeowners home phone: _____ Homeowners cell phone: _____

Name of special needs person: _____ Age of Special needs person: _____

Description of special needs person: Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Favorite activity: _____

Fears/Concerns: _____

Is the special needs person capable of communicating and/or means in which they communicate: _____

Special needs of person: (what do you want the emergency responders to be told upon arrival, and what information should they know? _____

Name and Phone number to near by relative: _____

Signature and relationship of person requesting this information being disseminated _____

Names of special needs siblings and/or family members: _____

Email the completed form to: Sheriff Gary Hofmann at Sheriff-info@qac.org or fax at 410.758.1961

Queen Annes County Sheriff's Office Only

Date received: _____ Date relayed to DES: _____ Received at SO by: _____

DES:

Date Received: _____ Date Entered to CAD: _____ Entered by: _____