

# Castle Pines Emergency Services Homeowner Information Update



Name \_\_\_\_\_ Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Telephone Numbers: Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Children Living in House (Name, Date of Birth, Allowed to clear visitors) \_\_\_\_\_

\_\_\_\_\_ Yes/No \_\_\_\_\_ Yes/No

Key Holders (anyone who has a key to your home in case of emergency)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Persons you would like listed on your permanent access list (individuals we allow entry without your prior notification). **Note: Names remain in our database until we are notified to remove them.**

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

Medical Issues (Describe any medical condition of special need that would be important to Emergency Medical technicians when they respond to an alarm or call from your home; e.g., hypertension, residual symptoms of a stroke, paralysis, etc.)

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

Pets (Breed, Color, Name, Age, Disposition)

\_\_\_\_\_

Vehicle Information

Year	Make	Model	Color	License#	State	Trans#	Pass# (ES use only)
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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_