

Foxfire Village Police Department Emergency Notification Form

Information obtained in this form will be used exclusively by the Foxfire Police Department and will not be released for public use.

Resident: _____ Telephone: _____
Cell # _____
Address: _____

Local Contact Person: (whom you wish to be notified in case of emergency)
Name: _____ Telephone: _____
Address: _____

Family Members:
Name: _____ Telephone: _____
Address _____
City: _____ State: _____

Name: _____ Telephone: _____
Address: _____
City: _____ State: _____

Name: _____ Telephone: _____
Address: _____
City: _____ State: _____

Additional Information

If there are specific medical or legal persons who have information which might be needed (living will, for example) you may give their names and addresses below. Also list any special needs in the event of an emergency (oxygen, immobility, ect.)

Prepared By: _____ Date: _____

Mail or Fax to:
FoxfireVillage Police Department
1 Town Hall Drive
Foxfire Village, N. C. 27281
Fax: 910-295-1341