

**Complete form and return to:**  
**Anderson County Emergency Services**  
**Attn: Project Special Response**  
**213 South Towers Street**  
**Anderson, SC 29624**  
**Phone: (864) 260-4646 Fax: (864) 260-1055**

	New
	Update
	Remove
Reason for Removal:	

**Registration for Anderson County Emergency Services  
Special Needs / Project Special Response Emergency 911  
(PLEASE PRINT)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** (864) \_\_\_\_\_ **Age:** \_\_\_\_\_

**Check all that apply:**

**Wheelchair**\_\_\_\_ **Bed Ridden**\_\_\_\_ **Walker**\_\_\_\_ **Dialysis**\_\_\_\_ **Blind**\_\_\_\_ **Deaf**\_\_\_\_

**Uses Sign Language**\_\_\_\_ **Language**\_\_\_\_ **Missing Limb**\_\_\_\_ **Guide Dog**\_\_\_\_

**Oxygen**\_\_\_\_ **Mentally Challenged**\_\_\_\_\_

**Diabetic Type 1**\_\_\_\_ **Diabetic Type 2**\_\_\_\_ (if checked) **Insulin Type**\_\_\_\_\_

**Speaks Foreign Language**\_\_\_\_\_ **Understand English**\_\_\_\_\_

**Language Spoken**\_\_\_\_\_

**Critical Medical Problems:**

\_\_\_\_\_

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**To Receive Emergency Text Alerts and Email Notifications:**

**Cell Phone #:**\_\_\_\_\_

**Cell Provider:**\_\_\_\_\_ (Verizon, Sprint, Alltel, etc.)

**Email Address:**\_\_\_\_\_

**This confidential information is used solely by the Anderson County 911 Central  
Communications Center for emergency preparedness and response.**