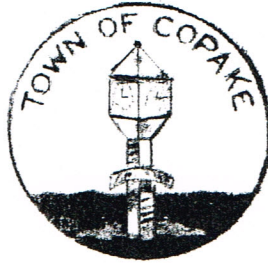


TOWN OF COPENAKE
230 Mountain View Road
Copake, New York 12516



Phone: 518-329-2591
518-329-1234
EMAIL: townofcopake@taconic.net

Fax: 518-329-4049
Web site: Copake.org

Dear Copake Citizen:

On behalf of the Emergency Management Team, we hope this letter finds you healthy and safe in this year 2015. In an effort to further protect and secure your environment here in the Town of Copake, we are asking you to fill out the enclosed form and return it to the address below. Also, we would like your permission to share your information with the 911 Emergency Center so as to better be able to assist you if needed. If this is agreeable with you, please sign at the appropriate place on the enclosed form.

Return forms to: Copake Town Hall
230 Mountain View Rd.
Copake, NY 12516
Attention: Lawrence Proper

Sincerely,

Jeffrey Nayer
Copake Supervisor

If you need to order a 911 sign, please call Larry at 329-1234 x2.

TOWN OF COPAKE EMERGENCY MANAGEMENT

REGISTRATION FORM FOR INDIVIDUALS LIVING ALONE (Senior Couples & Medical Disabilities)

NAME _____

ADDRESS _____

PHONE _____ **CONTACT PERSON** _____

EMAIL ADDRESS _____

Please return the completed form to:

**Copake Town Clerk
230 Mountain View Rd.
Copake, NY 12516
Phone: 329-1234 X2**

FOR AN EMERGENCY CALL 911

COMMUNITY RESCUE SQUAD, INC.

283 Mountain View Rd.

PO Box 327

Copake, NY 12516

(518)329-2200 Fax (518)329-2159

NAME: _____

Medical History:

Cardiac History _____

Home Oxygen _____

Respiratory History _____

Nebulizer Treatment _____

High Blood Pressure _____

Home Dialysis _____

Daily es Medicines: Oral _____ Shots _____

Vision Impairment _____

Life Line _____

Speech Impairment _____

Medical Alerts _____

Hearing Impairment _____

Other _____

Ambulate with Assistance:

Walker _____

Cane _____

Wheelchair _____

Bed Confined _____

Animals at the Residence:

Cats _____ How many _____

Dogs _____ How many _____

Do they bite? _____

Other _____

If you should have more than one person in your household with a medical condition or needs, please fill out one form for each person.