

PLEASANTVIEW FIRE PROTECTION DISTRICT

Resident Emergency Information Form

\*\*All information provided is confidential for emergency uses only \*\*

Date: \_\_\_\_\_

Resident #1 Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Resident #2 Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Resident #1 Business/Work ( ) \_\_\_\_\_

Resident #1 Pager ( ) \_\_\_\_\_ Resident #1 Cellular ( ) \_\_\_\_\_

Resident #2 Business/Work ( ) \_\_\_\_\_ Resident #2 Pager ( ) \_\_\_\_\_

Resident #2 Cellular ( ) \_\_\_\_\_

Owner Name: (if different than resident)

(First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: City / State / Zip \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

**KEY HOLDER INFORMATION**

(Family / Neighbors, living nearby, who have keys to your home in an emergency)

Do you have an exterior key lock box (Knox box)? Yes / No If no would you like information? Yes / No

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_ City/Zip \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**GENERAL INFORMATION**

The house is how many stories (not including basement)? \_\_\_\_\_ Basement (Y/N)? \_\_\_\_\_

Do you have a private fire alarm system? \_\_\_\_\_ If yes:

Fire Alarm Company name \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Reset code \_\_\_\_\_

Where is the alarm panel located? Please be exact. \_\_\_\_\_

Visit us on the internet at [www.plvw.org](http://www.plvw.org)

**SPECIAL INFORMATION**  
*(Children / Adults that need special assistance)*

The information that is provided below will assist us in locating and better assisting the occupants of your residence in the event of an emergency.

Names of occupants	Date of birth	Allergies/Medications/medical history/special needs (Use space below if needed)	Where does he/she sleep, include outside window location
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____
#4 _____	_____	_____	_____
#5 _____	_____	_____	_____
#6 _____	_____	_____	_____
#7 _____	_____	_____	_____
#8 _____	_____	_____	_____
#9 _____	_____	_____	_____

Additional space, please use occupant number for adding on to above information.

**Can We See you?**

Can we see your address from the street? YES / NO If No Why? \_\_\_\_\_

**Internet Usage**

The Pleasantview Fire Protection District at times sends bulletins and fire safety related information via e-mail.

Are you an internet user? Yes No

Email address \_\_\_\_\_

**Hazards**

Any dogs on premises? \_\_\_\_\_ Name(s) \_\_\_\_\_

Any dangerous pets? Type: \_\_\_\_\_

Indoor or in ground pool? \_\_\_\_\_ (location if indoor) \_\_\_\_\_

Privacy Gates or other entry hazards? \_\_\_\_\_

Other conditions that you may feel are hazardous: \_\_\_\_\_

Any dangerous chemicals (other than usual household supplies) stored in your home? \_\_\_\_\_, if yes:

Name	Approximate amount
_____	_____
_____	_____

Upon completion please return to: Pleasantview Fire Protection District  
Attn: Communications  
1970 Plainfield Road  
LaGrange Highlands, IL 60525