

**Emergency Responder Information
For City of Pueblo and Pueblo County Residents**

Resident's Name: _____

Resident's Address: _____

City: _____, Colorado ZIP: _____

Resident's Phone Number: (_____) _____ and (_____) _____
Home # Mobile #

Resident's Email Address: _____

Ambulatory Status:

Bedridden: Yes No
Wheelchair Dependant: Yes No
Scooter Dependant : Yes No
Limited Mobility: If yes, to what extent? _____
No Mobility Issues: Not applicable

What information would you like emergency responders to know about your health condition?

Visually Impaired? Yes No
If so, to what extent? _____
Hearing Impaired: Yes No
If so, to what extent? _____
Oxygen Dependant: Yes No
Other Special Needs: (Please be specific)

Do you have a service animal? If so, Name and Type of Animal:

Do you have a hidden key that you would like Emergency Responders to have access to?

If so, please include the information below including specific locations

(i.e. under red flower pot on front porch, above back door, under welcome mat, etc.)

If you do not have a key that responders will have access to, do you have a person we can contact that would be able to gain entry to the house if needed?

If so, please provide the contact information below:

Name: _____

Address: _____

_____, Colorado

Phone Number: (719) _____ (719) _____

Home #

Mobile #

Email Address: _____

Name: _____

Address: _____

_____, Colorado

Phone Number: (719) _____ (719) _____

Home #

Mobile #

Email Address: _____

Is there any other information that you feel is important for emergency responders

to know? If so, please provide it below:

Signature

Date