

DATE ___/___/_____

**BARROW COUNTY E-911
ADDRESS INFORMATION**

When you have your phone installed, the telephone company downloads that information into our 911 System. Your name, address, and phone number should automatically show up when you dial **911**. In an emergency situation, if you can just dial 911 and hang up, we will know exactly where to send emergency services.

If you would like to be sure that this information is showing up correctly, you may dial 911 and tell the dispatcher you are making a **test call**. Also, please fill out this form and mail it back in to us, so that we can enter any additional information into our back-up database system. This information is strictly confidential and will not be used for any other purpose than emergency response to your home or business. If for some reason your information is not showing up correctly, we will notify the phone company to fix the problem.

Also, be sure to fill out another form if you should move or if any other changes occur. We do request that rental property owners provide new occupants with a form. If you are interested in purchasing a 911 number sign (blue plate with white numbers) for more efficient emergency service, see your local fire department. However, please be sure and identify your house with its number so that it is visible from the road.

Please complete this form. Do not use initials – use your full name, including titles (SR, JR, Rev, etc.) If you have a nickname, put it in parenthesis beside your name. This will assure our database center we have all the information to correctly identify you at this address. It is possible to have more than one of the same names in Barrow County.

Please print clearly using an ink pen.
Example: William Joseph (Joe) Smith Sr
Elizabeth (Beth) Ann Smith

FULL NAME: _____

ADDRESS: _____

CITY: _____, **GA** **ZIP CODE:** _____

AREA CODE & PHONE NUMBER(S) TO HOUSE: _____

NUMBER OF OCCUPANTS IN HOME: _____

HOUSE DESCRIPTION: _____

PREVIOUS ADDRESS: _____

VOLUNTARY INFORMATION

Blind Deaf Phy. Impaired Diabetic Suicidal Hostile Aged Other

NAME: _____

INJURY/ILLNESS: _____

MEDICATION: _____

PHYSICIAN'S NAME & PHONE NUMBER: _____

Blind Deaf Phy. Impaired Diabetic Suicidal Hostile Aged Other

NAME: _____

INJURY/ILLNESS: _____

MEDICATION: _____

PHYSICIAN'S NAME & PHONE NUMBER: _____

BUSINESS OR COMMERCIAL HAZARDS

Hazardous Materials Stored (Type, Amount): _____

CONTACTS IN CASE OF EMERGENCY

WORK #'S: _____

MOBILE/PAGER #'S: _____

OTHERS TO CONTACT:

1ST NAME: _____ RELATIONSHIP: _____

WORK: _____ HOME #: _____

2ND NAME: _____ RELATIONSHIP: _____

WORK: _____ HOME: _____

ANY ADDITIONAL INFORMATION: _____

MAIL TO:

**GIS/911 ADDRESSING INFO
233 EAST BROAD ST
WINDER, GA 30680
770-307-3022**