

Mackinac County
Enhanced 9-1-1
Automatic Special Details Information Form

The 9-1-1 system will automatically display your telephone number and special conditions or instructions you provide to the Mackinac County 911 Office. Please fill in the requested information below. Please use ink only. The information you provide is critical in assisting local authorities to respond to an emergency at your location. **ALL INFORMATION IS CONFIDENTIAL!** All information is valid for one year and will require annual updates to continue validity.

If you are updating information that is already on file and you have a new phone number or address, please fill in the old information below.

Old Telephone No: _____
Old Address: _____
Current Information:
Telephone No: _____
Last Name: _____
First Name: _____
Street Address: _____
Apt#: _____
City: _____ Zip: _____

This Address is a:
____House ____Mobile Home ____Farm ____Business ____Apartment
Landlord: _____

THE FOLLOWING HAZARDOUS MATERIALS EXIST AT THIS ADDRESS:
____Gasoline ____Diesel ____LPG ____Other Chemicals ____Ammunition ____Explosives
____Pesticides ____Poisons ____Radio Active Materials ____Watch Dog
Any other pertinent information:

Special Needs Person at This Address:

Last Name: _____ First Name: _____
Date of Birth: _____
____Hearing Impaired ____Sight Impaired ____Mentally Handicapped
____Alzheimer/Memory Impaired ____Bedridden ____On Oxygen Supply
____Physically Handicapped ____Under Medical Care for Heart Problems
Other: _____

There is a door key and/or (key-holder w/name & telephone number) located at:

If there are questions and/or concerns with this form, please contact the Mackinac County 911 Coordinator at (906) 643-3391.

Upon completion, please return this form to:

Mackinac County 911 Coordinator
100 S. Marley St., St. Ignace MI, 49781
Fax = (906) 643-7964
e911@mackinacounty.net