

**CARBON COUNTY COMMUNICATIONS CENTER
HOUSE WATCH INFORMATION FORM**

NAME: _____ PHONE: _____

ADDRESS: _____

HOUSE WATCH TYPE: CIRCLE WHAT APPLIES:

- | | | |
|----------------------------|--------------------------|-----------------------------|
| Handicapped Citizen-HC | Life Support-LS | Sight Impaired-SI |
| Confined to Bed-BD | TDD/TTY Device-OS | Has Pet / (if evacuated)-PT |
| Medical Support Oxygen- O2 | Medical Support/other-MO | Hearing Impaired-HI |
| Walk w/walker or cane-WK | Heart Patient-OS | Other Personal Situation-OS |
| Confined to Wheel Chair-WC | | Mental Disability-MD |

NEXT OF KIN CONTACT

NAME: _____ PHONE: _____

ADDRESS: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

ADDRESS: _____

SPECIAL CONDITIONS

MEDICAL: _____

SUPPLEMENTAL INFORMATION

ID# _____

TO BE COMPLETED AND MAILED TO:

Carbon County Communications
Attention: Gary Williams; 9-1-1 Director
1264 Emergency Lane
Nesquehoning, PA 18240