

Residential Premise History

This form is to provide added information and security for field units who have occasion to respond to a location that has some history of importance. Your answers to the following questions will assist the Stockton Fire Department personnel when they are responding to an emergency or other call from your home, in identifying and/or assisting you, or a person in your household who has a disability. Please fill out completely.

First Name: _____ Last Name: _____

Address: _____

City _____ ZIP _____

Home Phone #: _____ Cell Phone #: _____

Disabilities

Please check all that apply

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Bedridden | <input type="checkbox"/> Mental Handicap |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf |

Access to Location

Please check all that apply

- Hidden Key Location: _____
- Gate/Door Code: _____

Other Special Information:

*****THIS FORM WILL AUTOMATICALLY EXPIRE IN 1 YEAR *****

FOR OFFICAL USE ONLY
CAD Entry Date _____