

SPECIAL NEEDS REGISTRY

When you call 911 from a wire line phone, Ottawa 911 PSAP Emergency Telephone displays your name, address and telephone number. (A wire line phone is a phone that has a wire from a telephone pole to your home)

Completing this form will alert the 911 Dispatcher that you or someone else living in your household has a medical condition or disability. This information helps the 911 dispatcher to provide the appropriate emergency help. This information will be displayed at the 911 answering point, but, only when you call 911.



In the event of a current emergency. DO NOT use this form. Please call 911 immediately.

Return completed: City of Ottawa 911
form to: 301 W. Lafayette St.
Ottawa, IL 61350

City of Ottawa 911

Special Needs

Premise Alert Program



Alert 911 to your
Special Needs

Phone: 815-433-2131
Fax: 815-433-4600

Should I complete this form?

You should complete this form if you want your police department, fire department, ambulance or other emergency response agencies to know about medical conditions or disabilities when you call 911 in an emergency.

How Does The Special Needs Registry Work When I Call 911?

The information you provide here will be visible to the dispatcher when you dial 911 from your telephone. Having this information allows them to provide the best course of action to you in an emergency. *(This information is kept Confidential beyond its intended emergency service use.)*

What is not Covered by this Special Needs Registry?

This service is not available for cell or internet phones/VoIP Phones.

How Long Does My Information Stay in the 911 System?

The information that you provide will be put into the 911 system and will stay there for a year unless you request that it be changed or moved. It is your responsibility to notify us when there is a change in the condition described in this form. When there is a change, please send us an updated form. Additional forms can be downloaded at www.ottawapoliceandfire.com

Phone: (815) 433-2131 Fax at (815) 433-4600.

Complete the following form. Please describe important medical or disability information about yourself to assist First Responders, i.e. Police, Fire and EMS.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Do you require the use of TDD? (Telecommunications Device for Deaf) Check YES ___ or NO ___

Please check any conditions that apply:

___ Blind/Partially Sighted ___ Deaf/Hard of Hearing ___ Using Oxygen

___ Heart Condition ___ Strokes ___ Seizures

___ Wheel Chair User ___ Difficulty Speaking ___ Asthma

Other _____

Any additional information that you would like to provide that would aid 911. _____