

C.C.E. – 9-1-1 Central Dispatch Authority Special Needs Form

The Charlevoix-Cheboygan-Emmet Central Dispatch Authority (C.C.E. – 9-1-1) is working to better improve our service to you, and we need your help! You can provide us with additional information, specific to your location that will better the efficiency of emergency services in a time of need.

Each county, Charlevoix, Cheboygan, and Emmet, has adopted an address ordinance that requires you to have your address posted. For specific details on your county's ordinance requirements, have your property tax code/ identification number available and contact the following:

Charlevoix County Equalization Department	(231) 547-7230
Cheboygan County GIS Department	(231) 627-8465
Emmet County Addressing Enforcement	(231) 348-0667

The Kiwanis Clubs of Charlevoix, Cheboygan, and Petoskey has a 9-1-1 House Numbering Project to help meet the Addressing Ordinance requirements for each county. For more information and/or an application, please contact the Kiwanis Club at (231) 347-2135 or C.C.E. – 9-1-1 at (231) 439-3300.

ALL INFORMATION THAT YOU PROVIDE IS CONFIDENTIAL

Name of Special Needs Person: _____

Telephone Number: _____ Date of Birth: ____/____/____

Street Address (No P.O. Boxes): _____ Apt. No. _____

City: _____ Township: _____ Zip Code: _____

Nearest Cross Street or Additional Directions: _____

This Address is a: Please Check One
 House Mobile Home Farm Business
 Rental Owner Occupied Apartment

This Address: Please Check if Applicable
 Requires a "Buzz In" Entry
 Has a Residential Automatic/Intrusion Alarm

Company Name: _____

Key Holder Name and Telephone Number: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

Please indicate in the appropriate () any special condition(s) that exist at your location:

- () Handicap Person () Bedridden Person () Watch Dog (or dangerous animal)
- () On oxygen supply () TDD User (Telecommunication Device for the Deaf)
- () Day Care Provider () Foster Care Home () Alzheimer / Memory Impaired
- () Hearing Impaired () Speech Impaired () Under Medical Care – Heart Problems
- () Gun or Rifle () Special Information: _____

HAZARDOUS CHEMICALS

Please Check All that Apply

- () Gasoline () Diesel () Propane (LPG)
- () Ammunition () Explosives () Pesticides
- () Poisons () Radioactive Materials
- () Other: _____

ADDITIONAL INFORMATION: _____

This information will remain in our files for one year from date of entry. Please contact us to keep the information complete and up to date.

RETURN THIS FORM TO:

**C.C.E. Central Dispatch Authority
Attn: Special Needs
1694 U.S. Highway 131
Petoskey, Michigan 49770**