

Email: [townpolice@shelterislandtown.us](mailto:townpolice@shelterislandtown.us)

Tel: (631) 749-0600

Fax: (631) 749-0637



# Emergency Notification Form

**Instructions** Please complete the following information and return it to the above address or drop it off at the Police Department during business hours.

**Personal Information**  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_  
Shelter Island Address \_\_\_\_\_  
Telephone Number 749- \_\_\_\_\_ Telephone Pole Number \_\_\_\_\_

**Medical History**, Circle all that apply: Heart, Diabetic, Alzheimer's, Oxygen, Respirator, Medical Alert, Electrically supplied medical equipment, Other \_\_\_\_\_

**Other Address (s) and Telephone (s)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Caretaker (s) / Relative (S) Name and Telephone Number (s)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Alarm Company** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Boat Name** \_\_\_\_\_ **Registration Number** \_\_\_\_\_  
**Mooring Number** \_\_\_\_\_ **Locations** \_\_\_\_\_  
**Person to notify if boat is in trouble** \_\_\_\_\_  
**Telephone** \_\_\_\_\_