



NEW HANOVER COUNTY EMERGENCY MANAGEMENT & 911

Please return your completed form to:
230 Government Center Dr., Suite 185
Wilmington, NC 28403
P: (910) 798-6931 | F: (910) 798-6925

911 Center Computer Aid Dispatch (CAD) Information Sheet

First Name: _____ Last Name: _____

Address: _____ City: _____, NC Zip: _____

Home Phone Number: _____ Cell Number: _____

Do you have TDD (telecommunications device for the deaf) capability or do you use an outside service to call 911?

TDD Other Service I do not use TDD.

Please list type of handicap, disability, or special needs: _____

Is oxygen used in your home? Yes No If yes, list location(s): _____

Primary Doctor: _____ Phone Number: _____

Which hospital do you prefer? _____

Please provide any special instructions or information you may want 911 and/or emergency responders to know:

Please list all of your emergency contacts, their phone numbers, and relationship to you.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Signature of Applicant: _____ Date: _____

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If you have any changes to your information after submitting this form, please call (910) 798-6931 to have your information updated in the CAD system.