



Disability Accommodation Registry

Mauldin Police Department

5 East Butler Road

Mauldin, SC 29662

Main: (864) 289-8900

Fax: (864) 289-8912

www.mauldinpolice.com

Contact Information:

Name: _____ Phone Number: _____

Address: _____
Street City State Zip

Homeowner: Renter:

Person with Condition:

Name: _____ Date of Birth: _____ Age: _____

Address: _____
Street City State Zip

Race: _____ Sex: _____ Weight: _____ Height: _____ Hair: _____ Eye: _____

Glasses: Yes No

Scars, Marks, or Identifying Features: _____

Vehicle Information: Make: _____ Model: _____ Year: _____
Tag: _____ Color: _____

Does the individual have a tracking service? Yes No

Transmitter Number: _____ Service Provider: _____

Reason for Caution (check all that apply):

- Medical Condition
- Mental Disability Verbal Non-Verbal
- Physical Disability Verbal Non-Verbal
- Safety Consideration
- Autism Verbal Non-Verbal
- Other: _____

Description of Caution:

Condition/Disability: _____

Safety Considerations (Please describe in detail): _____

Additional Information: _____

IMPORTANT: By completing this questionnaire, I acknowledge that the information provided above was done so voluntarily for the sole purpose of assisting the Mauldin Police and Fire Department, to more effectively respond to a potential emergency within my household. I also understand providing this information does not entitle my household to preferential treatment, nor will it result in a more timely response by emergency response personnel. It is simply an attempt to provide police and fire personnel with information, which may be helpful when providing services to the occupants of my home.

Name: _____ Date: _____

Upon receipt of this questionnaire, a representative of the Mauldin Police Department will contact you to verify the information listed above. If you have not received a phone call within five days, please contact Lt. Turner at (864) 289-8899.

This document can be submitted by clicking the submit button below or faxing the document to the Mauldin Police Department at (864) 289-8912

In some incidents, you may have to save a copy of this form to your hard drive and send as an attachment through your email provider to:

driley@mauldinpolice.com.

Entered by:

Date Entered:

Date Received: