

**OFFICE OF  
CIVIL DEFENSE & FIRE COORDINATOR**

County Services Complex  
2712 State Highway 29  
Johnstown, New York 12095



**ALLAN POLMATEER**  
Civil Defense Director/Fire Coordinator

TELEPHONE: Office: (518)736-5858  
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**PLEASE RETURN THE COMPLETED FORM TO THE ABOVE ADDRESS**

**Fulton County Disabled Persons Voluntary Registry**

This information will be kept confidential and only used in the event of an emergency or natural disaster. It does not guarantee that agencies will be able to provide assistance in every type of emergency. Fulton County shall not be held liable for any claim based upon good faith failure to exercise or perform a function or duty on the part of any officer or employee in carrying out a local disaster preparedness plan.

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

911 Street Addresses: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Town/Village/City \_\_\_\_\_ Zip Code \_\_\_\_\_

I live in a: (circle one) Single Home Trailer Apartment Complex

Telephone Home: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: (circle) Male Female

**Do you live alone? Yes No Do you have Pets\*\* Yes No**

\*\* Please make arrangements for pets. Pets (except service animals) are not allowed in Red Cross Shelters.

**Do you have a functioning generator? YES NO**

**Local Emergency Contact Person** \_\_\_\_\_

Relationship:(check one) Spouse\_\_ Family Relation/Specify\_\_\_\_ Other/Specify\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**Backup Emergency Contact Person** \_\_\_\_\_

Relationship: (check one) Spouse\_\_ Family Relation Specify\_\_\_\_ Other/Specify\_\_\_\_

Home Phone; (\_\_\_\_) \_\_\_\_\_ Work Phone;(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**School Attending** (if applicable) \_\_\_\_\_

School contact Name \_\_\_\_\_

Contact Phone Number at School (\_\_\_\_) \_\_\_\_\_

Grade and/or Program \_\_\_\_\_

**Please list all agencies which you attend or receive services from:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

