



MACKINAW EMERGENCY MANAGEMENT REGISTRY
OF DISABLED PERSON IN THE VILLAGE

NAME _____

STREET ADDRESS _____

PHONE NUMBER _____

OTHER CONTACT PERSON IN AN EMERGENCY _____

NAME _____

PHONE NUMBER _____

TYPE OF DISABILITY _____

THE MACKINAW EMERGENCY MANAGEMENT WILL ONLY SHARE THIS INFORMATION WITH THE **MACKINAW POLICE DEPARTMENT, FIRE DEPARTMENT AND RESCUE SQUAD**. THIS INFORMATION WILL NOT BE GIVEN OUT TO ANYONE OTHER THAN THESE DEPARTMENTS. THIS INFORMATION WILL ONLY BE USED IN AN EMERGENCY SUCH AS AN EVACUATION OR OTHER EMERGENCY.

WHEN COMPLETE PLEASE RETURN TO

IN PERSON

MACKINAW VILLAGE HALL
ATTENTION: BOB DAVIES
100 EAST FAST AVE.
MACKINAW, ILLINOIS 61755

MAIL

MACKINAW EMERGENCY MANAGEMENT
ATTENTION: BOB DAVIES, COORDINATOR
P.O. BOX 94
MACKINAW, ILLINOIS 61755