



Robert E. Davies, Coordinator
105 South Orchard St. P.O. Box 94
Mackinaw, Illinois 61755
Office Phone: 309-354-1999

DATE _____

MACKINAW EMERGENCY MANAGEMENT REGISTRY
OF DISABLED PERSON IN THE VILLAGE

**NAME OF PERSON WITH
DISABILITY** _____

**STREET
ADDRESS** _____

**PHONE
NUMBER** _____

OTHER CONTACT PERSON TO CALL IN CASE OF AN EMERGENCY

NAME _____ **PHONE NUMBER** _____

**TYPE OF DISABILITY LIST
ALL** _____

**ANY OTHER INFORMATION NEEDED FOR EMERGENCY PERSONNEL SUCH AS
SPECIAL DOOR TO ENTER ETC. PLEASE NOTE**

**THE MACKINAW EMERGENCY MANAGEMENT WILL ONLY SHARE THIS
INFORMATION WITH EMERGENCY PERSONNEL. THIS INFORMATION WILL
NOT BE GIVEN OUT TO ANYONE OTHER THAN RESPONDING EMERGENCY
PERSONNEL. THIS INFORMATION WILL ONLY BE USED IN AN EMERGENCY
SUCH AS AN EVACUATION OR OTHER MEDICAL EMERGENCY.**

WHEN COMPLETE PLEASE RETURN TO

IN PERSON

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

MAIL

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