



Emergency Fax 112

I cannot hear

I cannot speak

I am disabled

Who is sending this fax?

Name: _____ Your Fax Number: _____

Where do you need help?

Street Address: _____ Apt./Room No.: _____ Floor: _____

City or location: _____

What kind of help?

Fire Department

Fire

Rescue

Accident

Ambulance

Paramedic

Injury

Illness

Police

Break-In

Assault

Violence

Please send me addresses and weekend hours for:

Doctor

Dentist

Ear, Nose and Throat Specialist

Optometrist

Pharmacy in my local area:
City, County _____

Address: _____

Fax: _____ Telephone: _____

Thank you!

Your Signature: _____

Please fax back! Please fax back! Please fax back! Please fax back!

We have received your emergency fax and _____

is on the way to your location. Signature of Receiving Dispatcher: _____