

911 Address Advisory Form

Name: _____ Phone Number: _____

Physical Address: _____ Apt #: _____

Gate Code (If Applicable): _____

House Description: _____

Directions To Your Residence: _____

Bedroom Location: _____

List The Name And Phone Number Of A Person To Contact In Case Of Emergency At Your Residence.

Location Of A Key To Your Residence _____

Please List Any Major Medical History Of The Resident & Any Medication Taken Regularly. Please Include
The Name Of Medication, Dosage, Frequency Of Dose, Etc. _____

Local Doctor's Name: _____ Doctor's Phone Number: _____

If There Are Any Pets In The Residence, Please List The Pet's Name, The Type Of Pet, & IF THEY BITE.

Please List Any Additional Information You Would Like Added To Your 911 Address Advisory.

ALERT – Please Read the Following

This information will be entered into our Computer Aided Dispatch System. Please notify us in writing for any changes, additions, or deletions to the information provided. THIS INFORMATION WILL EXPIRE IN JUNE OF EVERY YEAR, so you must renew yearly. In order to renew, you can submit the online form which can be found on the Beaufort County website ([HTTP://BCGOV.NET](http://bcgov.net)) under the Emergency Information heading on the lower right-hand side of the page or submit new yearly forms to:

**Beaufort County Communications – 911 Center
ATTN: Regina Bapties
P.O. Drawer 1228
Beaufort, S.C. 29901**

NOTE: All information supplied by you is confidential and will be provided ONLY to emergency personnel in an emergency at your residence.