



FIRST RESPONDER SMART CARD PROGRAM™
(Police, EMS, Fire)
Tri City Partnership for Special Children and Families

REGISTRATION FORM

Contact Name: _____

Physical Address: _____
Street Apt# City Zip

Mailing Address: (if different) _____

Phone Number: () _____

I acknowledge that I/we agree to register our address with local First Responders as a "Smart Card" address. Please note some dispatch systems may not be able to flag particular addresses. Therefore, it is recommended that you advise dispatch "Smart Card is on Site."

Upon receipt of registration First Responders will be advised "A Smart Card on Premises" when dispatched to this address. Please remember to complete Smart Card and display properly at this residence.

Signature

Date

The information you provide will assist first responders (Police, Fire, EMS) in their response to your call for assistance. Once a year we will call registered residences to update our database. At that time you will have the opportunity to provide feedback regarding the effectiveness of the First Responder Smart Card Program.

Please return this form to:
Tri- City Partnership for Special Children & Families
3343 N Windsong Suite 2, Prescott Valley, AZ 86314

Or register online at: www.tricitypartnership.org

Upon receipt of registration, a First Responder Smart Card Packet will be mailed to you. Please allow 30 days for your residence to be registered with local First Responders.

Tri City Partnership maintains a strict confidentiality policy and shares this information only with local first responders.

Contact Tri City Partnership for more information: Phone: 928-772-5048 Fax: 928-772-5486
E-mail: tricitypartners@cableone.net Website: www.tricitypartnership.org

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