



CITY OF MILPITAS

455 EAST CALAVERAS BOULEVARD, MILPITAS, CALIFORNIA 95035-5479 • www.ci.milpitas.ca.gov
GENERAL INFORMATION: 408-586-3000

Community Survey Form Special Populations

The information provided on this form is for the use of Emergency Personnel in the event of an Emergency Situation at a residence or a community wide incident: such as a severe earthquake, flooding, fire, hazardous materials event, etc. The City will only make this information available for use by local Emergency Response Agencies (Fire, Police and EMS) and access the information only when necessary by the Emergency Dispatch Personnel. However, the City cannot guarantee that this information will be exempt from disclosure under the Public Records Act.

The information requested is for the benefit of members of the community who have a need for special attention during an emergency. For their daily routines, most of these community members have their daily needs attended to by family, friends or paid professionals. However, during an event in which this daily routine can not fulfilled, it will fall upon emergency responders to provide these needs.

This program will allow the Milpitas Fire Department to develop a list of disabled persons residing within the City. Information will be voluntary, confidential and accessible only to Police, Fire, EMS, and Emergency Dispatch personnel. However, the City cannot guarantee that this information will be exempt from disclosure under the Public Records Act.

In order to maintain the confidentiality of this information: Please deliver to or mail the completed form to the Office of Emergency Service Coordinator, 777 S. Main St. Milpitas, CA 95035, or return to the Milpitas Police Department Administration Office at 1275 N. Milpitas Blvd., or the nearest Milpitas Fire Station. If you have, any questions contact OES Coordinator at 408-586-2810.



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Date: _____

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Doctor's Name: _____

Doctor's Phone Number(s): _____

Emergency Contact Name(s): _____

Emergency Contact Phone Number(s): _____

Primary Family Contact Name: _____

Primary Family Phone Number(s): _____

Address: _____

What is/are Your Disability(s): _____

What is/are Your Special Need(s): _____

What Medication(s) are You Taking: _____

Do you have any medical equipment or supplies that you MUST have in order to manage your daily life:

Additional Emergency contact information: _____

If the person listed above is a minor or a person unable to sign, please fill in the following information:

Guardian Name: _____ Signature: _____

Relationship: _____

I understand that participation in this program does not entitle the person enrolled to receive special service from the City of Milpitas.

I agree for myself, my agents, heirs, executors and administrators to hold harmless the City of Milpitas, its officers, employees and agents for any and all claims, loss, injury, damage, cause of action or other legal right arising out of the Special Populations Registration Program.

Signature: _____ Date: _____