Emergency Fax

I cannot hear		I cannot speak		I am disabled
		Vour Fo	v Numbor:	
Name: Your Fax Number:				
Where do you ne	-			
Street Address:		_Apt./Room No		Floor:
City or location_				
What kind of help? What is happening?				
Fire Department	Fire	Rescue	Accident	
Ambulance	Paramedic	Injury	Illness	
Police	Break-In/	Assault	Violencei	
Please send me addresses and weekend hours for				
Doctor Dentist Ear, Nose and Throat Specialist Optometrist				
Pharmacy in my local area: City,County:				
Ç '				
Add	ress:			
Fax: Telephone:				
Thank you!	Your Signature:			
Please fax back!	Bitte zurückfaxen! Bitte z		zurückfaxen!	Please fax back!
We have received your emergency fax and				
is on the way to your location. Signature of Receiving Dispatcher:				