



# NEW HANOVER COUNTY 911 COMMUNICATIONS

Please return your completed form to:  
230 Government Center Dr., Suite 185  
Wilmington, NC 28403  
P: (910) 798-6931 | F: (910) 798-6925

## 911 Center Computer Aid Dispatch (CAD) Information Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, NC Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Do you have TDD (telecommunications device for the deaf) capability or do you use an outside service to call 911?

TDD      Other Service      I do not use TDD.

Please list type of handicap, disability, or special needs: \_\_\_\_\_

Is oxygen used in your home?      Yes      No      If yes, list location(s): \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Which hospital do you prefer? \_\_\_\_\_

Please provide any special instructions or information you may want 911 and/or emergency responders to know:

Please list all of your emergency contacts, their phone numbers, and relationship to you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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If you have any changes to your information after submitting this form, please call (910) 798-6931 to have your information updated in the CAD system.