

TOWN OF COPAKE EMERGENCY MANAGEMENT

REGISTRATION FORM FOR INDIVIDUALS LIVING ALONE (Senior Couples & Medical Disabilities)

NAME _____

ADDRESS _____

PHONE _____ **CONTACT PERSON** _____

EMAIL ADDRESS _____

Please return the completed form to:

**Copake Town Clerk
230 Mountain View Rd.
Copake, NY 12516
Phone: 329-1234 X2**

FOR AN EMERGENCY CALL 911

