



Medical Alert Information Sheet



Residence Name: _____

Address: _____

House Description: _____

Brief Medical History:

Any Animals: _____ If yes, What kind? _____

Alarm Company: _____

Location of Hidden Key or Lock Box Code: _____

Key Holders

Name: _____

Phone Number: () _____ - _____

Name: _____

Phone Number: () _____ - _____

If you have any questions concerning the above, contact us at (864) 487-2742.

Please email this form to e911requests@cherokeecountysc.com or mail to:

Attention: Cherokee
County E911
110 Railroad Ave.
Gaffney SC 29340