



Office of  
 Judy Elliott  
 E-911 Address Coordinator  
 WAGONER COUNTY, OKLAHOMA

307 E. Cherokee Wagoner, Oklahoma, 74467    Office: (918) 485-7728    Fax: (918) 485-7737  
email: JElliott@wagonecounty.ok.gov

This form is for premise information only. All information contained in this form is confidential and will be used for law enforcement and medical information only. The information contained on this form will not be released to the general public.

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Community: \_\_\_\_\_

Building Number: \_\_\_\_\_

Apartment/Lot Number: \_\_\_\_\_

Note: The following is limited to 17 spaces

Doctor: \_\_\_\_\_

Note: The following is limited to 30 spaces per line

Example: Oxygen, Bed-ridden, Diabetic, etc.

Medical 1: \_\_\_\_\_

Medical 2: \_\_\_\_\_

Medical 3: \_\_\_\_\_

Medical 4: \_\_\_\_\_

Remarks 7: \_\_\_\_\_

Note: The following is a check mark field only. Please either circle yes or no

Handicap: Yes No

Children: Yes No

Senior: Yes No

Mult-Level: Yes No

Explosive: Yes No

Hazard: Yes No

LockBox: Yes No

Note: The following is limited to 26 spaces per line

Contact -----

Contact 2: -----

Note: The following is limited to 51 spaces

Example: Extra key in red flower pot under carport

Key info: -----

Note: The following is limited to 25 spaces

Example: Propane, extra fuel tanks, ect.

Fuel 1: -----

Fuel 2: -----

Medical5: -----

Medical6: -----

Note: The following is limited to 204 spaces

Example: Door lock code, any animals in the residence, location of children's bedrooms, etc

Location Information: -----

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Note: The following is limited to 40 spaces per line

Owner: -----

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Note: The following is limited to 40 spaces per line

Example: Where hazardous chemicals are stored, outside animals, etc

Remarks and Comments:

Remarks 1: -----

Remarks 2: -----

Remarks3: -----

Remarks4: -----

Remarks 5: -----

Remarks 6: -----

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