



**Mayor & Council of Galena**  
**101 S. Main Street**  
**Galena, MD 21635**

**Resident Information**

\* Indicates required question

1. Email \* \_\_\_\_\_
2. Last Name \* \_\_\_\_\_
3. First Name \* \_\_\_\_\_
4. Address - House Number \* \_\_\_\_\_
5. Address - Street \* \_\_\_\_\_
6. Primary Phone Number \* \_\_\_\_\_
7. Secondary Phone Number \* \_\_\_\_\_

**Emergency Point of Contact**

8. Do you have an Emergency Point of Contact? \* Yes No
9. Provide Full Name of Emergency Contact \_\_\_\_\_
10. What is their relation to you?  
Spouse      Parent      Child      Other: \_\_\_\_\_

**Needs**

11. Do you have any functional or access needs? \* Yes No
12. Are you... Hearing Impaired      Mobility Impaired      Vision Impaired      Medical Needs
13. Please describe your functional and/or access needs

14. Other information that will help emergency personnel best assist you.