

## SIGHTLINE TO SAFETY

## Voluntary 9-1-1 Registration

This voluntary registration program has been developed to assist City of Kawartha Lakes residents who are deaf or hard of hearing.

Registration with our 9-1-1 dispatch will enable emergency services to provide appropriate response to 9-1-1 emergency calls where communication barriers exist. Qualified registrants are residents of the **City of Kawartha Lakes** who are deaf or hard of hearing with reduced ability to communicate with 9-1-1 operators via regular telephone. In the event a 9-1-1 call is received from the registered address, information specific to the communication barrier will be available to emergency services.

## 9 1 1 Communication

**Applicant (Please Print)** 

Address:			
Home Telephone:	TTY:		
Cell Phone:	Do you use Text Messaging?	Yes	No 🗆
Email:			
Are you aware of the local CHS Of	fice?	Yes	No 🗆
Is your residence equipped with a	visual smoke alarm or other type of	alerting sy	stem to
wake you during a fire or other em	ergency?	Yes	No $\square$
	is strictly confidential but may be	snared w	ith other
any time by the registrant upon	e or ambulance. Registration ma written notice to the Fire Preve	ay be rem	oved at
emergency services such as police any time by the registrant upon the Kawartha Lakes Fire & Rescall verify the above information is Rescue to communicate this information deemed applicable.	e or ambulance. Registration material written notice to the Fire Prevenue Services.  Secorrect and authorize Kawart	ay be remention Div	oved at rision of

Complete registration forms are to be returned to: