



## CO-OP CITY DEPARTMENT OF PUBLIC SAFETY

### *Emergency Services Database*

Dear Cooperator:

Enclosed please find an *Emergency Services Database* application and an *Are You Ok* informational booklet.

Riverbay Corporation and the Department of Public Safety's goal is to offer assistance to you, in the event of an emergency. The Department of Public Safety will make every attempt to prioritize assistance to individuals with any special needs, concerns or accommodations.

If you are interested in one or both of the programs we offer, please complete the application(s) and return to the Department of Public Safety.

If you would like any further information or if you have additional questions about the program, please call (718) 320-3300, extension 3342.

Co-Op City Department of Public Safety

**Lieutenant Christopher Bulat**

Operations Coordinator

ESU Commander

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Bronx, NY 10475

[cbulat@ccpd.us](mailto:cbulat@ccpd.us)

(718) 320-3300

 @CCPDnyc

**EMERGENCY SERVICES REQUEST DATABASE**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Building/Apartment

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Disability

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Specific Emergency Equipment Needed for Life Support

\_\_\_\_\_  
Date of Birth

If you are using any life support systems, please tell us the time frame for the successful operation of your back up unit or batteries \_\_\_\_\_

Medical equipment utilized daily \_\_\_\_\_

Would you be interested in enrolling in the Are-You-Ok Program: Yes \_\_\_ No \_\_\_

Do you need assistance in walking? \_\_\_ Do you use a wheelchair, walker, or cane? \_\_\_

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Telephone Number

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Cooperator's Signature

\_\_\_\_\_  
Date

**\*\* Please notify the Public Safety Department if you move or any of the above information changes.**