



## CO-OP CITY DEPARTMENT OF PUBLIC SAFETY

### Emergency Services Database

Dear Cooperator:

Enclosed please find an Emergency Services application and an Are You Ok informational booklet. Riverbay is in the process of updating its database to ensure that everyone who desires to be included in the program will have that opportunity. Please take a moment to review the informational booklet regarding the program.

Riverbay Corporation's goal is to offer assistance to you, the cooperator, in the event of an emergency or if assistance is needed during other emergencies, such as an electrical blackout. The Corporation will make every attempt to assist you with any special needs you may have. If you have already completed a form, please review and / or complete the new application so we can ensure all updates will appear on the system.

If you would like any further information or have other questions, please do not hesitate to call my office at (718) 320-3330.

Very truly yours,

Lt. Jeffrey Bowman  
Operations Lieutenant

Please complete and return the attached form to:

Lt. Jeffrey Bowman,  
Co-op City Department of Public Safety  
2049 Bartow Avenue  
Bronx, New York, 10475

**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.**