



Return To:
Riverside Department of Public Safety
ATTN: Resident Information
2990 NW Vivion Road
Riverside, Missouri 64150

Resident Information

Name: _____

Address: _____

Telephone: _____

Section A Medical Information

Does a person reside in your home that has a medical condition which emergency responders should be aware of (such as a disabled person, oxygen in use, etc.)?
If so:

Name of Person: _____

Medical Condition: _____

Specific Location in Residence: _____

Section B Email Information

Would you like to receive general information from the City concerning upcoming events, alerts, or notifications? If so, please list your email address:

Section C Text Message Alerts

Would you like to receive general text message alerts from the City over your cellular phone? If so, please provide your complete cellular phone number:

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