

PRISM-Care Registration Form



Register for PRISM-Care:

Please fill in the following form so that we may add your information to our PRISM-Care database of citizens that may require special care assistance in the event of an emergency. The information provided will only be used in the event of an emergency and will not be released to any third party.

Date: _____

Name: _____

Street Address
(no PO Box) _____

Suite or Apt Number _____

Ward (check one) Trenton Sidney Murray Frankford

Municipality *City of Quinte West*

Contact Phone #1
Check one Home Work Cell

Contact Phone #2
Check one Home Work Cell

Email Address _____

Medical or Special Need Issue: _____

Please bring or send your completed form to:
City of Quinte West
7 Creswell Drive, PO Box 490
Trenton, ON K8V 5R6

For more information regarding PRISM-Care or the City's PRISM Program, please contact:

Edward S. Woods
Manager of IT & GIS Services
613-392-2841, ext. 4465
edw@quintewest.ca

Steve Whitehead
Geomatics Coordinator
613-392-2841, ext. 4404
steve@quintewest.ca