

**PRISM & PRISM CARE REGISTRATION FORM – PRISM Telephone Notification System**

Please fill in the following form so that we may add your information to our PRISM database. 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** \_\_\_\_\_

**Municipality** *City of Quinte West*

**Contact Phone #1**

*Check one*      Home       Work       Cell

**Contact Phone #2**

*Check one*      Home       Work       Cell

**FOR PRISM-CARE REGISTRANTS ONLY –  
(Residents in need of special assistance in  
the event of an emergency)**

**Name:** \_\_\_\_\_

**Special care assistance issue:** \_\_\_\_\_

**Notification Method:**

PHONE                       EMAIL

Email Address: \_\_\_\_\_

**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:**  
**Steve Whitehead**  
**GIS Supervisor**  
613-392-2841, ext. 4404  
[steve@quintewest.ca](mailto:steve@quintewest.ca)