



## The Lexington County

# My 9-1-1 Program

My 911 is designed to assist emergency responders when responding to a call at your residence, place of business, motor vehicle accident or other types of emergencies.

My 911 takes the guesswork out by providing emergency personnel with critical information, such as a description of your residence, and the names and phone numbers of family members to contact in your time of need. You can also provide information to Fire Service and other emergency responders about someone living with you who may have trouble communicating or moving about.

Annual renewal is required so that emergency responders have the most current information available.

The Vial of Life Program works in conjunction with My 911 by providing life saving medical information about the medications you are currently taking, allergies or any special needs you or someone living in your home might have.



My 911 and Vial of Life programs are completely voluntary and the information provided will be kept strictly confidential and used only by Lexington County Personnel in the event of an emergency.

## TO ENROLL

Simply fill out the form on the back and return it to the Lexington County Sheriff's Department, your local county fire station, any on-duty Lexington County EMS employee, or submit electronically at:

[www.lex-co.com](http://www.lex-co.com)

You can also mail it to: Lexington Communications Center  
Attn: My 911, 212 South Lake Drive, Suite B02  
Lexington, South Carolina, 29072

### SPONSORED BY

Lexington Medical Center – Lexington County Sheriff's Department – Lexington County Fire Services – Lexington County EMS – Lexington County Communication Center





Simply fill out this form and return it to the Lexington County Sheriff's Department, your local county fire station, any on-duty Lexington County EMS employee.

Or submit electronically at:  
 www.lex-co.com  
 www.lexingtonsheriff.com  
 www.lexmed.com

Or mail it to: Lexington Communications  
 Center Attn: My 911  
 212 South Lake Drive, Suite B02  
 Lexington, SC 29072

Please print legibly in black ink.

**GENERAL INFORMATION**

Resident or Business Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name & Street Address of Apartment Complex or Mobile Home Park (include Apt. or Lot # if applicable) \_\_\_\_\_

Description of premises (i.e. two-story brick house, tan double-wide, prefab, etc): \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you completed the Vial of Life information form?  YES  NO (If yes, please list where it is located.) \_\_\_\_\_

Initial Sign-Up  Change/Update  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SECURITY/KEYHOLDER INFORMATION**

Is there an alarm system on the premises?  YES  NO (If yes, please give the name and phone number of the alarm company below.)

Company Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACT(S) SHOULD BE IN THE LEXINGTON COUNTY/COLUMBIA AREA**

**Primary Emergency Contact/Keyholder Name:** \_\_\_\_\_

Relation ( ) Daytime Phone ( ) Evening Phone

**Secondary Emergency Contact Name:** \_\_\_\_\_

Relation ( ) Daytime Phone ( ) Evening Phone

**HEALTH AND SAFETY INFORMATION**

Do any persons with special needs live on the premises?  
 YES  NO (If yes, please explain below.)

• Are there any dangerous substances/materials on the premises?  YES  NO (explosives, corrosives, highly flammable material, etc.)

If yes, has a "Tier Two" Hazardous Materials forms been submitted  YES  NO to the LEPC? (commercial only)

If residential, please list material(s) and detail the storage location & amount of material.

• Are there any animals on the premises which someone might consider aggressive? (If yes, please explain below.)  YES  NO

By the submission of this information and be signing below, I understand and agree that the Lexington County Sheriff's Department, Lexington County Fire Service, Lexington County EMS, and the County of Lexington neither warrants nor guarantees the safety or security of my property or family. This information is merely provided for whatever ancillary benefit that may be created. Further, I release, agree not to sue, and hold harmless the Lexington County Sheriff's Department, Sheriff James R. Metts, his deputies, agents, assigns, Lexington County Fire Services, Lexington County EMS, the County of Lexington, Lexington Medical Center and others similarly situated from any and all liability associated in any way with the provision of this information or related provision of services.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Date