

HAMBURG EMERGENCY MANAGEMENT
16 WALLKILL AVE
HAMBURG NJ 07419

RESIDENTIAL SPECIAL NEEDS ASSISTANCE FORM

NAME: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____ Is this above person a minor? Yes No

Please describe the special needs / assistance that may be required (i.e., oxygen, medical device, mobility challenge, wheelchair, mental disability, sensitivity to lights and/or sirens, etc.).

Do you need electric power to operate medical equipment? Yes No

Do you have a back-up generator that will activate upon loss of power? Yes No

In case of an emergency, please contact: _____

Name Relationship Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

Does a family member or neighbor have a key to your residence in case of an emergency? If YES, please complete:

Name: _____ Home Phone #: _____

Address: _____

Work Phone #: _____ Cell Phone #: _____

PLEASE NOTE

Resident and/or Emergency Contact are responsible for any updates or changes to the information submitted. The Borough cannot be held responsible for incomplete information, information that is not updated or forms that are not returned

Office Use: Received ___/___/___ Entered/Updated ___/___/___