

# Fair Lawn Office of Emergency Management

8-01 Fair Lawn Avenue  
Fair Lawn, New Jersey 07410

## RESIDENTIAL SPECIAL NEEDS ASSISTANCE FORM

NAME: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Is this above person a minor  Yes  No

**Remove the above resident from the registry.**  **There are no changes at this time.**

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 \_\_\_/\_\_\_/\_\_\_\_