

Fair Lawn Office of Emergency Management

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



February 5, 2013

Dear Resident,

The Borough of Fair Lawn Office of Emergency Management has established a Residential Special Needs Registry for residents who may require special attention during times of emergency. If you, or someone you know, are using oxygen in their home, requires a walker to get around is hearing or sight impaired or has any form of physical or mental disability please take a moment to fill out this assistance form.

Please be assured that all information is kept **confidential** and is distributed to police, fire, rescue, EMS, health and the public works department for use during emergencies.

If you have any questions please feel free to contact emergency management at (201) 794-5390 or email oem@fairlawn.org.

Please fill out and return the attached form to:

Fair Lawn Emergency Management
Attn: Special Needs Registry
8-01 Fair Lawn Avenue
Fair Lawn, New Jersey 07410

Also enclosed is information and an application pertaining to the Bergen County Sheriff's Office Gold Star Program. This program is available to residents over the age of 65 and individuals with autism. If you qualify and would like to participate in the program, please contact the Bergen County Sheriff's Office at **201-336-3540**. **This program is not affiliated with the Borough of Fair Lawn's Special Needs Registry.**

We periodically update our records, so please return this information to us as soon as possible. Thank you.

Very truly yours,

Wendy Demeraski, CEM
Emergency Management Coordinator

Fair Lawn Emergency Management
8-01 Fair Lawn Avenue
Fair Lawn, New Jersey 07410
201-794-5390

RESIDENTIAL SPECIAL NEEDS ASSISTANCE FORM

NAME: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

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!

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