

Help Us to Help You in an Emergency!

Town of Old Lyme Special Needs Registration Form

Name: _____ Phone: _____

Address: _____

Emergency Contact Name: _____ Phone: _____

I may need assistance in case of an evacuation for the following reasons:

(Please Circle "YES" or "NO" for each response)

Sight Impaired YES NO Hearing Impaired YES NO Confined to bed YES NO

Need a Wheel Chair Ride YES NO Use TDD/TTY YES NO Using Oxygen YES NO

Need a Ride for Evacuation YES NO Using a Machine to Help You Breathe YES NO

Any other medical equipment that needs electricity to keep you alive? YES NO

Description of equipment _____

Service Animals YES NO Pets YES NO Type DOG CAT OTHER

Number of Pets: _____ Will the Pet be coming with you? YES NO

Help Us to Help You in an Emergency!

Town of Old Lyme Special Needs Registration Form

Name: _____ Phone: _____

Address: _____

Emergency Contact Name: _____ Phone: _____

I may need assistance in case of an evacuation for the following reasons:

(Please Circle "YES" or "NO" for each response)

Sight Impaired YES NO Hearing Impaired YES NO Confined to bed YES NO

Need a Wheel Chair Ride YES NO Use TDD/TTY YES NO Using Oxygen YES NO

Need a Ride for Evacuation YES NO Using a Machine to Help You Breathe YES NO

Any other medical equipment that needs electricity to keep you alive? YES NO

Description of equipment _____

Service Animals YES NO Pets YES NO Type DOG CAT OTHER

Number of Pets: _____ Will the Pet be coming with you? YES NO