

CHATHAM EMERGENCY MANAGEMENT AGENCY

127 DEPOT ROAD

CHATHAM, MASSACHUSETTS 02633-2099



SPECIAL ASSISTANCE INFORMATION FORM

If you or other members of your household would require special assistance in the event of an emergency evacuation, please complete and return this form now so special arrangements can be made in advance. This form is a preplanning form designed to supply the Chatham Emergency Management Agency with information to help assist you during an emergency.

SPECIAL ASSISTANCE WOULD BE NEEDED FOR:

NAME

ADDRESS

TELEPHONE NUMBER

SPECIAL EMERGENCY ASSISTANCE REQUIRED:

(Check only those applicable)

- Full-time resident
- Part-time resident (Specify which months at this address)
- Deaf or hearing impaired - TDD Telephone Number _____
- Blind or sight impaired
- Confined to a wheelchair
- Could transfer to regular seats in a bus or van with assistance
- Confined to bed
- List electric powered medical devices you use (if any)
- _____
- Transportation
- Other

Alternate emergency contact person:

NAME/RELATIONSHIP TO PERSON NEEDING ASSISTANCE

DAY TELEPHONE NUMBER EVENING TELEPHONE NUMBER

PLEASE RETURN THIS FORM TO: Chatham Emergency Management Agency, 127 Depot Road, Chatham, Massachusetts 02633-2099

508-945-2625 • FAX 508-945-2791