

# Fair Lawn Office of Emergency Management

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



## RESIDENTIAL SPECIAL NEEDS

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](mailto: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

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