

Inc. Village of Malverne
Office of Emergency Management

Application for Additional Needs in an Emergency

NAME _____ Telephone: _____

ADDRESS _____ Cell Phone: _____

E-mail: _____ Date: _____

Emergency Contact (name, relationship, phone #): _____

Please list your requirements in the spaces below:

NAME	AGE	Special Need (oxygen, insulin, wheelchair, etc.)

Would you need electricity for medical reasons? YES NO

Do you have an emergency generator? YES NO

Please list any additional information that you think first responders should know.

This information is confidential and will only be used by Fire, Police and Ambulance Corps. for emergencies.

Mail or drop off this form to Malverne Village Hall, 99 Church St., att: Tony Marino, OEM