

REGISTER FOR SPECIAL NEEDS DIRECTORY

People with disabilities and special needs often need additional time and assistance to prepare for a disaster. If you have further questions or concerns you may also contact Sgt. Denny Knubel or Sgt. Mark McCombs of the **Franklin Lakes Police Department** at:(201) 891-3131.

GETTING STARTED:

- Create a **Personal Support Network** of friends, family and neighbors who can assist in disaster preparation and getting you to a safe place.
- Conduct an **Assessment of Your Personal Needs** and resources, and of the types of help you will need in case of a power outage, evacuation or other emergency.
- **Register with Franklin Lakes Police Department.** Make sure they keep a record of the special assistance you may need during an evacuation, power outage or other emergency.
- If you are electric-dependent, **register with your Utility Company.** Make sure they, along with your Police, keep a record of the special assistance you will need during a power outage.
- **Consult your family and Doctor** about steps you can take to mitigate your exposure (backup generator/battery backup, extra oxygen/medications).
- **Complete the attached form** and hand deliver to Police Desk, FAX (201-891-0967) or send to the Franklin Lakes Police Department.

Franklin Lakes Police Department
490 DeKorte Drive
Franklin Lakes, New Jersey 07417

**REQUEST TO REGISTER IN THE FRANKLIN LAKES SPECIAL NEEDS
DIRECTORY**

ALL INFORMATION WILL BE SECURED AND USED ONLY IN AN EMERGENCY

*NAME: _____

*ADDRESS: _____

*HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____

**required*

EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____

Does a family member or neighbor have a key to your residence in case of an emergency?

If **YES**, Please complete:

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____

SPECIAL NEEDS SECTION

PLEASE CHECK BOXES AND DESCRIBE YOUR SPECIAL NEEDS:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

ELECTRICITY REQUIRED
OXYGEN REQUIRED
LIMITED MOBILITY, BED BOUND
OTHER, DESCRIBE YOUR SPECIAL NEEDS:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

WHEEL CHAIR NEEDED
HEARING IMPAIRED
SIGHT IMPAIRED, BLIND

PLEASE NOTE

Resident and / or Emergency Contacts are responsible for any updates or changes to the information submitted. The Borough cannot be held responsible for incomplete information, information that is not updated or forms that are not returned.

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