

Town of Marilla ~ Marilla Fire Company
Data on Persons Needing Special Assistance in an Emergency

NAME _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

PHONE # _____

PRIMARY DOCTOR _____

PHONE # _____

LIMITING PHYSICAL CONDITION (e.g., problems with vision, walking, breathing, bed-ridden) _____

MEDICAL EQUIPMENT USED (e.g., wheelchair, walker, oxygen)

If bed-ridden, location of patient (e.g., 1st floor rear bedroom north east corner)

Do you need electrical power for any of your medical equipment? YES NO

Do you own or have access to a generator for use in a power outage? YES NO

In an emergency, can you get out of your home without outside assistance? YES NO

Do you have a place to stay outside of Marilla in an emergency? YES NO

ANYTHING ELSE WE SHOULD KNOW TO HELP YOU IN AN EMERGENCY?

Return this form to: Town Clerk, Marilla Town Hall, 1740 Two Rod Rd., Marilla, NY 14102; OR call the Town Hall (652-5350) and ask to have your form picked up from your home.

Please complete a separate form for each person at your address who needs special assistance.

Any questions call George J Gertz @ 655-5248.