

WILL YOU (OR SOMEONE YOU KNOW) NEED HELP IN AN EMERGENCY?

If so, please help us help you by completing and returning this form:

**YES, I/This person will need help in the
the event of an emergency:**

**Relative or person we can notify to help
you in case of an emergency:**

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

TTY: _____

TTY: _____

Please mark an "X" in EACH box that applies to you.

I consider myself to be:

Help needed:

- ☐ Deaf or Hard of Hearing
- ☐ Blind / Low Vision
- ☐ Person in wheelchair
- ☐ Confined to bed
- ☐ Reliant on oxygen
- ☐ Other (specify) _____

- ☐ Need a ride
- ☐ Need a wheelchair accessible ride
- ☐ Need an ambulance
- ☐ Need individualized notification
- ☐ Need help sheltering-in-place
- ☐ Other (specify) _____

PLEASE RETURN TO:

Auburn Fire Chief
6 Pingree Hill Road
Auburn, NH 03032

Questions to Fire Chief Bruce Phillips – 483-8141

Date: _____