



TOWN OF NEW MILFORD

Town Hall

10 Main Street

New Milford, Connecticut 06776

Office of Emergency Management

EMERGENCY SERVICES PROFILE FORM

The purpose of this form is to register New Milford citizens who may require assistance during declared emergencies. If you would like to be included in the database of the Office of Emergency Management, please complete this form, print and mail to Mayor's Office, 10 Main Street, New Milford, CT 06776 or scan and email to mayor@newmilford.org.

Print Name: _____ **Current Age:** _____

Street Address: _____ **Apt#** _____

Telephone # _____ **Cell phone #** _____

Email address:

Person to contact in case of emergency: (Please Print)

Name: _____ **Telephone #** _____

Relationship: _____ **Cell phone #:** _____

Address:

Please check all that apply:

This information will NOT be shared with anyone other than Emergency Service Personnel.

- | | |
|---|---|
| <input type="checkbox"/> Use a walker/ wheelchair | <input type="checkbox"/> Have an assistance animal |
| <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Have pets (# _____ and type _____) |
| <input type="checkbox"/> Vision impaired | |
| <input type="checkbox"/> Oxygen dependent | |
| <input type="checkbox"/> Use electronic medical devices, Type (s) _____ | |
| <input type="checkbox"/> Require bariatric equipment | |
| <input type="checkbox"/> Have a caregiver through _____ agency | |
| <input type="checkbox"/> I have a steep driveway/ramp etc. | |
| <input type="checkbox"/> other | |
- _____

Signature: _____ **Date:** _____