EMERGENCY HELP SURVEY

This survey is part of a new program being sponsored by the Hazardous Mitigation Team in Sandown to identify persons who are unable to respond in their usual manner during an emergency.

This information will be used to help emergency responders, Police and Fire personnel to provide specialized, individual emergency assistance in an emergency or disaster situation.

If you or someone you know needs individual help, it is important for you to let us know. Just fill in the information and return this form. If you have any questions concerning this survey and/or your need for individual help during an emergency or if you are concerned about someone you know who may need emergency help, please contact the Selectmen's Office at 887-3646.

Remember, in an emergency, you will be better prepared if you know how to help yourself and others, as well as how to receive help from others.

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL BE KEPT CONFIDENTIAL

Please cut here

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TOWN OF SANDOWN
SELECTMEN'S OFFICE

320 Main Street
PO Box 1756
Sandown, NH 03873

Phone: 603-887-3646
Website: www.sandown.us
Email: townofsandown@sandown.us

Please place stamp here and mail or deliver to Town Offices

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POSTAL CUSTOMER

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

NAME _____

ADDRESS _____

CITY AND ZIP _____

PHONE _____

TTY _____

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

NAME _____

ADDRESS _____

CITY AND ZIP _____

PHONE (home) _____

PHONE (work) _____

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

I consider myself to be:

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

Help Needed:

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

Please contact us if your situation changes, if you move or if you have questions.