



WILLIAM Z. COLLINS III
CHIEF OF POLICE

EMERGENCY EVACUATION & ASSISTANCE LIST
Surf City Police Department / Emergency Management
ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

The Surf City Police Department & Emergency Management utilizes the information on this form to plan for and assist those residents, who may need assistance during an Emergency Evacuation. Please complete as much of the requested information as possible and return to the Surf City Police Department or Borough Hall.

If you need assistance completing this form, or want someone to pick it up from you, feel free to call the Surf City Police Department at 609-494-8121.

RESIDENTS' INFORMATION:

DATE: _____

NAME: _____

ADDRESS: _____ PETS: _____

PHONE#: _____ CELL PHONE#: _____ EMAIL: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ Relationship: _____
(IE friend, family, brother, etc)

ADDRESS: _____

PHONE#: _____ CELL PHONE#: _____ EMAIL: _____

PLEASE ANSWER QUESTIONS:

Do you have arrangements made for assistance with family or friends in case you have to stay in your residence for an extended period of time? _____

Do you have arrangements made for assistance with family or friends should you ever have to temporarily relocate (evacuate) due to a storm or other emergency? _____

CHALLENGES: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Mobility Impaired, bed bound | <input type="checkbox"/> Alzheimer / dementia |
| <input type="checkbox"/> Wheel chair | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Sight impairment | <input type="checkbox"/> Year round resident |
| <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Seasonal resident |
| <input type="checkbox"/> Oxygen / respirator use | <input type="checkbox"/> Transportation dependent |
| <input type="checkbox"/> Other _____ | |