The Borough of Hatboro Office of Emergency Management is asking all residents in Hatboro, who are need of assistance or have special needs in the event of an emergency to call Erick Myers, Emergency Management Coordinator or Diane Hegele at Borough Hall; 215-443-9100 to provide information or residents may also complete this form and return it to Borough Hall, 414 South York Road, Hatboro, PA 19040.

The Emergency Services personnel of the Borough of Hatboro which includes Police, Fire, Ambulance, Fire Marshal, and Emergency Management Personnel maintain a listing of residents with special needs. Some examples of special needs would include but are not limited to:

- Residents who use oxygen
- Residents who are on dialysis
- Residents who have a vision or hearing impairment
- Residents who are handicapped, have difficulty walking and need assistance moving around

The above examples are some of many possibilities that may require the need of the form below in the event of an emergency, disaster, or extended loss of power. If you are not sure whether or not you meet the requirements, please call Borough Hall and someone will gladly assist you.

Name: (please print) ______________________________________________________

Address: ___________________________________________ Apt. #___________

Telephone #_________________________ Cell Phone #________________________

Emergency Contact 1:______________________ Phone #_______________________

Emergency Contact 2:______________________ Phone #_______________________

Emergency Contact 3:______________________ Phone #_______________________

What are your Special Need(s): ____________________________________________

_______________________________________________________________________

_______________________________________________________________________

List any medications and/ or other equipment you may need to take with you in the event of an evacuation (medications and dosage information):

_______________________________________________________________________

_______________________________________________________________________

THE INFORMATION ON THIS FORM IS VOLUNTARY. ANY INFORMATION LISTED IS KEPT STRICTLY CONFIDENTIAL.