

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

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

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 an 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 _____

PLEASE RETURN TO:

Stratham Town Clerk
10 Bunker Hill Avenue
Stratham, NH 03885

Questions to Town Administrator Paul Deschaine, 772 7391