2012 – 2013 EMERGENCY MANAGEMENT

The Township is updating its Emergency Management Plan. A part of that plan includes any special assistance residents may need during an evacuation or in the event of a fire, severe storms, power failures or other emergencies or disasters. We are asking you to provide us with important information that will help us in assisting you or someone in your home. You will need to provide this information even though you may have previously notified us of special conditions. All information received will be shared with the emergency services that respond into the Township. If there are more than one individual with special needs please duplicate this form and complete a separate form for each individual.

Name of Resident:		Phone:	
Address:			
Person with Disability/Medic	al Condition:		Age:
Medical Condition (check i	if applicable)		
☐ On Home Oxygen	☐ Dialysis	☐ Wheel-chair or Bed-bound	
☐ Diabetic - Type 1	_ Type II	☐ APNEA Monitor	□ Legally Blind
☐ Hearing Impaired ☐	Other special needs cond	ditions (explain)	
relationship to you, such as	a Doctor, Husband, Wife, I	rould like us to notify in case of Brother, Sister, Son, Daughter	or Friend:
2			
Non-English speaking (indicate	ate language spoken):		
Would you need assistance	in the event of an evacuat	ion:	
•		your residence because of	location, road conditions,
		information changes. If you had inator, at LEMC@nmiddleton.	
Please return form to:	North Middleton Towns North Middleton Towns 2051 Spring Road Carlisle, PA 17013		

You can help our police, fire and emergency medical services personnel find you **quickly in emergencies** by properly displaying your street address at your mailbox. The street numbers MUST be visible and should be able to be seen from both directions. If you live in a mobile home park make sure that lot numbers are at least 4" in height and are posted facing the street.

SMOKE ALARMS AND SEAT BELTS SAVE LIVES PLEASE USE THEM