

Town of South Palm Beach Police Department

DISABLED PERSONS VOLUNTARY REGISTRY

DO YOU HAVE SPECIAL NEEDS?

In the event of a public emergency or natural disaster, some residents may need special assistance during evacuations and sheltering because of physical or mental limitations. The **Town of South Palm Beach** is compiling a **VOLUNTARY** registration list of those individuals who may need assistance.

The purpose of this information is to make the **Town of South Palm Beach** aware of those with special needs. **THIS INFORMATION WILL BE USED ONLY IN CASE OF AN EMERGENCY or NATURAL DISASTER.** It does not guarantee that agencies will be able to provide assistance in every type of emergency. The **Town of South Palm Beach** shall not be liable for any claim based upon the good faith failure to exercise or perform a function or duty on the part of any officer or employee in carrying out a local disaster/emergency plan.

NAME _____ PHONE # _____ Cell # _____

MAILING ADDRESS _____ CITY, STATE & ZIP & CONDO# _____

MY SPECIAL NEEDS ARE _____

BIRTH DATE _____

LOCAL CONTACT PERSON _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

OUT OF STATE CONTACT PERSON _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

PET (S) (YES OR NO) _____ Type _____ HOW MANY _____

I have a hearing and/or speech problem and need to be notified in person.

I have a TTY (Teletypewriter).

I have a medical need, which may require assistance in case of an emergency (check all that apply):

- Wheelchair Vision Mental Disability
 Oxygen (need electricity) Dialysis (need electricity) Other (explain)

I leave the state for a portion of the year from _____ to _____

I hereby consent to have my name placed in the **Town of South Palm Beach** voluntary registry of persons with special needs, including periodic updates.

The undersigned realizes that the **Town of South Palm Beach** can not guarantee or ensure that any officer, employee, agent or volunteer shall properly perform a function or duty in carrying out a local disaster/emergency plan and therefore waives any and all claims against the **Town of South Palm Beach** for such the failure of anyone to exercise or perform such a function or in the event such a function is performed negligently.

Signature _____ Date _____

I hereby consent and pre-authorize the emergency response personnel shall be able to enter my home during search and rescue operations if necessary to assure my safety and welfare during an emergency or natural disaster.

Signature _____ Date _____

Please return to:

South Palm Beach Police Department

3577 South Ocean Blvd.

South Palm Beach, Fl. 33480

Office 561-586-2122

Fax 561-586-9790