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 #
		CITY, STATE & ZIP & CONDO#	
MY SPECIAL NEEDS ARE			
BIRTH DATE			
LOCAL CONTACT PERSON		RELATIONSF	HIP
HOME PHONE		WORK PHON	E
OUT OF STATE CONTACT PERSON_		RELATIONSI	
HOME PHONE_ PET (S) (YES OR NO)		WORK PHON	E
PET (S) (YES OR NO)	Гуре Н	IOW MANY	
[] I have a hearing and/or speech problem	and need to be notified in person	on.	
[] I have a TTY (Teletypewriter).			
[] I have a medical need, which may requi	re assistance in case of an emer	rgency (check all that apply):	
[] Wheelchair [] Vision	Mental Disability		
		Other (explain)	
[] I leave the state for a portion of the year	fromto		
I hereby consent to have my name preeds, including periodic updates.	placed in the Town of South	n Palm Beach voluntary reg	gistry of persons with special
The undersigned realizes that the To agent or volunteer shall properly petherefore waives any and all claims perform such a function or in the experience.	erform a function or duty in against the Town of South	n carrying out a local dis Palm Beach for such the fa	aster/emergency plan and
Signature		Date	
I hereby consent and pre-authorize the operations if necessary to assure my sa			
Signature		Date	
Please return to:			

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