

EDGEWATER FIRE PREVENTION BUREAU

NEEDS ASSISTANCE FORM

916 RIVER ROAD FLOOR 3

EDGEWATER, NEW JERSEY 07020-1295

SECRETARIES OFFICE: 201-943-1700 X 4116, X 4115 FAX: 201-943-3015

FULL NAME OF PERSON WHO NEEDS ASSISTANCE: * _____

STREET ADDRESS: * _____

CONTACT PHONE NUMBER: * _____

DATE: * _____ AGE: * _____ D.O.B.* _____

APPLICANT MEDICAL INFORMATION

Does Applicant Have a Current Handicapped Parking Placard? Yes No Placard Expiration Date _____
Check if Severely or Permanently Disabled

PLEASE CHECK BELOW WHICH BEST DESCRIBES DISABILITY

MUST USE DEVICE FOR ASSISTANCE (please check which device)

- CANE PROSTHETIC DEVICE CRUTCH OTHER PERSON
- WHEELCHAIR LUNG DISEASE DEAF HARD OF HEARING
- CARDIAC CONDITION w CLASS III LIMITATION*
- PERMANENT SIGHT IMPAIRMENT**
- CARDIAC CONDITION w CLASS IV LIMITATIONS*

** As defined by American Heart Association*

*** As defined by the New Jersey Commission for the blind*

OTHER (if not listed fill in here) _____

ABILITY TO WALK IS SEVERLEY LIMITED TO:

- ARTHRITIC CONDITION NEUROLOGICAL CONDITION ORTHOPEDIC CONDITION

OXYGEN (TANK OR DELIVERY SYSTEM)

- TANK DELIVERY SYSTEM

DESCRIPTION OF DISABILITY OR NEED FOR ASSISTANCE:* _____

EMERGENCY CONTACTS & PHONE NUMBERS:

1.NAME: _____ DAYTIME PHONE _____ EVENING PHONE _____

2.NAME: _____ DAYTIME PHONE _____ EVENING PHONE _____

3.NAME: _____ DAYTIME PHONE _____ EVENING PHONE _____

NAME, ADDRESS & TELEPHONE NUMBER OF PERSON SUBMITTING FORM IF DIFFERENT FROM SPECIAL NEEDS INDIVIDUAL:

FULL NAME _____

STREET ADDRESS: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

APPLICATION MUST BE REVIEWED EVERY TWO YEARS

Signature of applicant:

_____ ***Date:*** _____

Signature of Co-applicant:

_____ ***Date:*** _____

Please complete this form sign, date and mail or fax it back to:

The Edgewater Fire Prevention Bureau

916 River Road Floor 3

Edgewater, NJ 07020

Fax 201-943-3015



EDGEWATER FIRE PREVENTION BUREAU

BOROUGH OF EDGEWATER

916 RIVER ROAD

EDGEWATER, NEW JERSEY 07020-1295

STEVEN J. CURRY

FIRE OFFICIAL

FIRE SUBCODE OFFICIAL H.H.S.

(201) 943-1700 x4117

SECRETARIES OFFICE: (201) 943-1700 x4115, x4116

FAX: (201) 943-3015

FIRE INSPECTORS

(201) 943-1700

JOSEPH CHEVALIER x4201

ROBERT CHACE x4202

THOMAS QUINTON, SR. x4203

PATRICK CHEVALIER x4204

DYLAN WRIGHT x4205

THOMAS QUINTON, JR. x4206

EDGEWATER EMERGENCY SERVICES SPECIAL NEEDS REGISTRY

You have applied for Special Needs Registry form that will be utilized by Edgewater Emergency Services should an emergency arise in your home/apartment or building. The information contained on these pages is confidential and will only be utilized by Edgewater Emergency Services in the event of an emergency or disaster.

Please return the completed form to:

Edgewater Fire Prevention Bureau

916 River Road Fl 3

Edgewater NJ 07020

Needs assistance sticker

Door knob side of door.

Pet sticker hinge side of door

