

BERKELEY TOWNSHIP POLICE DEPARTMENT EMERGENCY CONTACT/ SPECIAL NEEDS DATA SHEET

MAIL TO: BERKELEY TWP OEM P.O.B. B BAYVILLE, NJ 08721 732-914-8966

NAME AND DOB:
ADDRESS:
TELEPHONE NUMBER (CELL & HOUSE) AND EMAIL ADDRESS:
DO YOU LIVE ALONE: (IF NO, NAME AND CONTACT INFO FOR THOSE YOU RESIDE WITH)
EMERGENCY KEY LOCATION AND/OR GARAGE DOOR CODE: (IF APPLICABLE) (NAME, CONTACT NUMBER, ADDRESS, AND RELATION)
EMERGENCY CONTACT INFORMATION: (NAME, CONTACT NUMBER, ADDRESS, AND RELATION)

QUIPMENT USED)	MOBILITY ISSUES, OXYGEN DEPENDENT, ANY OTHER ELECTRICAL DEPENDENT
IY OTHER INFORMAT	TION YOU FEEL IS IMPORTANT: