

Borough Of Manasquan

Special Needs Resident Information Sheet

Resident Information

Name Of Resident With Special Need:	Date Of Birth	Telephone Number:
Address:		Apartment Number Or Floor:
Please Describe Your Special Need(S):		
What Life-Sustaining Equipment Do You Have In Your Home?		

Emergency Contacts

Name Of Emergency Contact # 1:	Street Address:
Telephone Number:	City, State:
Relation (If Any):	Does This Person Have A Key To Your Home? Yes No

Name Of Emergency Contact # 2:	Street Address:
Telephone Number:	City, State:
Relation (If Any):	Does This Person Have A Key To Your Home? Yes No

Physician Information

Physician's Name	Office Address:
Telephone Number:	City, State:

Additional Information

Please Provide Any Other Information You Feel May Be Helpful:

Form Completed By:	Date Completed:
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Please Return Completed Form To:
Manasquan Police Department
201 East Main Street
Manasquan, New Jersey 08736

Police Department Use Only

Flag Entered

Database Entry