

Primary Emergency Contact

Last Name	First Name	Relationship	Phone
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Alternate Emergency Contact

Last Name	First Name	Relationship	Phone
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Medical Provider

Physician Name	Phone
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Pharmacy Name	Phone
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Home Health Care Agency Name	Phone
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Shelter Information

Will you have transportation to a shelter in an emergency?
 Yes No

If you need assistance with transportation, check one of the following:
 Automobile Bus Van with wheelchair lift Medical transportation required

Pet Information

Do you have pets that would require special attention if you were asked to evacuate your home?
If so, indicate the number of:

Service Dog Cat(s) Dog(s) Other (*Explain*)

Applicant Additional Comments

Authorization Information

By signing/submitting this form, I/legal guardian agree that my name will be added to the Town of Germantown Special Needs Registry. I give the Town of Germantown Emergency Management authorization to share this information with other community emergency responders in the event of an emergency in order to facilitate an effective response. I grant emergency responders permission to enter my home following an emergency event or disaster situation, if necessary, to assure my safety and welfare.

Applicant Signature	Date
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Authorized Guardian Signature	Date
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Mail Completed Form to: Town of Germantown, N7560 17th Ave, New Lisbon, WI 53950. For questions regarding this form or this program, contact Fred Cobbs at (608) 562-5751