



# SPECIAL NEEDS ASSISTANCE FORM

## CLIFTON FIRE DEPARTMENT

THE CITY OF CLIFTON • 900 CLIFTON AVENUE • CLIFTON, NJ 07013

PHONE: 973-470-5801 • FAX: 973-470-5844



### PERSONAL INFORMATION:

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

### DESCRIPTION OF DISABILITY OR NEED FOR ASSISTANCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT PERSON(S) & PHONE NUMBERS:

NAME: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

THIS FORM CAN BE FILLED OUT AND MAILED TO THE ADDRESS ABOVE OR SENT ELECTRONICALLY BY USING THE *SUBMIT BY E-MAIL* BUTTON TO THE RIGHT.