

# **Emergency Management**

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*Robert Strahan*

*Emergency Management Director*

**Town of GREENFIELD, MASSACHUSETTS**

*412 Main Street, Greenfield, Mass, 01301 Phone: 413-774-4737 Fax: 413-772-1308*

## **GREENFIELD EMERGENCY MANAGEMENT SURVEY FOR SPECIAL NEEDS RESIDENTS**

Dear Residents of Greenfield,

In order to better serve people with disabilities in an emergency, I ask for your help by completing this form and identifying your needs. If we don't know your location and your specific requirements it will be difficult to adequately help you, by filing this document you will enable emergency management personnel to alert public safety officials that you or an individual residing at your address has a disability that may hinder evacuation and require specific transportation needs. All information will be kept strictly confidential and would only be shared with public safety personnel on a need to know basis.

Please complete the following and include the name and information of someone who would assist you in an emergency. It is important to notify the Emergency Management Director whenever this information changes. Feel free to call Emergency Management directly if you have any questions or concerns at 774-4737 ext 1112.

Thank you

Robert Strahan, Emergency Management Director

Please mail completed form to Emergency Management Director, 412 Main Street, Greenfield, Ma. 01301.

Name of disabled person: \_\_\_\_\_

Address: \_\_\_\_\_ APT# \_\_\_\_\_ Floor: \_\_\_\_\_

Phone #: \_\_\_\_\_ Voice: \_\_\_\_\_ TTY: \_\_\_\_\_

Name of person assisting: \_\_\_\_\_

APT #: \_\_\_\_\_ Floor: \_\_\_\_\_

Phone # of Person assisting: \_\_\_\_\_ Voice: \_\_\_\_\_ TTY: \_\_\_\_\_

Person completing this form: \_\_\_\_\_ Phone #: \_\_\_\_\_

CHECK THE LINES THAT PERTAIN. THIS WILL ALERT PUBLIC SAFETY DISPATCHERS THAT:

I need transportation in an emergency

Van: \_\_\_\_\_ Wheelchair Van: \_\_\_\_\_ Ambulance: \_\_\_\_\_

Other special requirements: \_\_\_\_\_

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NOTICE: By submitting this form I understand that I am responsible for notifying the Emergency Management Director of any change of address and any other information herein supplied. I further agree I will indemnify, defend and hold the Greenfield Emergency Management Director, Greenfield Public Safety Dispatch and the Town of Greenfield harmless from any claims, suits and proceedings (including Attorney fees associated therewith) resulting from or arising out of the initial provision or updating of this information.

I understand this information will remain as part of my Greenfield Emergency record until such time as I notify the Emergency Management Director to change or remove the same.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Customer

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Person Assisting

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