



# Town of Plaistow, New Hampshire



## **EMERGENCY ASSISTANCE CARD**

In an effort to assure preparedness in the event of an emergency in Plaistow, please complete this Emergency Assistance Card and either mail it to Plaistow Emergency Management, 27 Elm Street, Plaistow, NH 03865 or fax to 382-4172 or email completed form to [wbaldwin@plaistow.com](mailto:wbaldwin@plaistow.com).

**(THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND  
WILL BE FOR EMERGENCY USE ONLY.)**

Please mark an "X" in EACH box that applies to you.

I/This person will need help in the event of an emergency:

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

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

CITY & ZIP \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

TDD \_\_\_\_\_ E-MAIL: \_\_\_\_\_

May we contact you to update this information? Yes  No

I consider myself to be:

- Deaf or Hard of Hearing
- Blind/Low Vision
- Wheelchair user
- Confined to bed
- Developmentally disabled
- Learning disabled
- Other (specify): \_\_\_\_\_

Help needed:

- Translator (specify: \_\_\_\_\_)
- Need a ride
- Need a wheelchair accessible ride
- Need an ambulance for transportation
- Need individualized notification
- Service Animal
- Other (specify): \_\_\_\_\_

Relative or emergency contact:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (home) \_\_\_\_\_

PHONE (work) \_\_\_\_\_

PHONE (cell) \_\_\_\_\_