



TOWN OF BROOKLINE, NEW HAMPSHIRE
 P.O. BOX 360 – 1 MAIN STREET
 BROOKLINE, NH 03033-0360
 TELEPHONE: (603) 673-8855
<http://www.brooklinenh.us>



PUBLIC SAFETY NOTIFICATION OF SPECIAL ACCOMMODATIONS

PURPOSE: This form is completed by the individual or their guardian for the purpose of notifying the Town of Brookline’s Public Safety Team of any special accommodations of the occupant(s) should there be a public safety emergency at the residence **OR** an area event impacting the public utilities or travel abilities. I.E. Snow-Ice storm that has closed roadways, Wind Event that has caused power outages.

This form is voluntary and NOT required by the Town.

INSTRUCTIONS: Please complete the below form and return it to the Ambulance Chief’s Office located at the Safety Complex 3 Post Office Drive Brookline, NH 03033.

RESIDENCE LOCATION			
NAME OF PROPERTY OWNER:			
ADDRESS:		Unit / Apt. #:	
TELEPHONE NUMBER:			
ELECTRONIC MAIL ADDRESS:			
ACCOMMODATION INFORMATION			
NAME OF INDIVIDUAL REQUIRING ACCOMMODATION & GUARDIAN (IF APPLICABLE):			
	DATE OF BIRTH:	GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
TELEPHONE NUMBER: (IF DIFFERENT FROM ABOVE)			
ELECTRONIC MAIL ADDRESS: (IF DIFFERENT FROM ABOVE)			
IS THIS A: (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEDICAL CONDITION	<input type="checkbox"/> PHYSICAL CONDITION	
	<input type="checkbox"/> OTHER (SPECIFY):		
PLEASE DESCRIBE THE SPECIFIC NEEDS YOU WOULD HAVE IN A PUBLIC SAFETY INCIDENT OR AREA EVENT (EXAMPLE – OXYGEN TANK, MEDICAL DEVICE BATTERY CHARGING, ETC.)			



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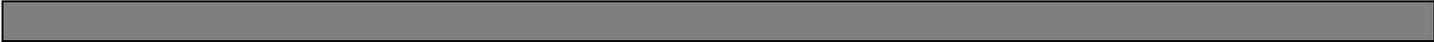


SPECIAL INSTRUCTIONS	
<p>PLEASE DESCRIBE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE RESPONDER TO KNOW (EXAMPLE – PREFERRED NICK NAME, CALMING TECHNIQUES OR OBJECTS, PHYSICAL/MENTAL CHALLENGES, ETC.)</p>	

By completing and signing this form you agree that the above information may be shared with those individuals who may provide assistance to you in the case of an emergency. If you have any questions, concerns, or need to make updates, changes or rescind this document please contact the Ambulance Chief at (603) 672-6216.

 SIGNATURE OF INDIVIDUAL OR GUARDIAN

 DATE



RECEIVED BY: _____
 BROOKLINE PUBLIC SAFETY REPRESENTATIVE

 SIGNATURE

DATE: _____

NOTES: