



**TOWNSHIP OF DENNIS
571 PETERSBURG ROAD
PO BOX 204
DENNISVILLE, NEW JERSEY 08214-0204**

**DENNIS TOWNSHIP SENIOR CITIZEN & HANDICAPPED PERSONS
DISASTER INFORMATION COLLECTION FORM**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE #: _____

CELL PHONE #: _____

EMAIL: _____

SPECIAL NEEDS - PLEASE CHECK ALL THAT APPLY

WHEEL CHAIR: _____

OXYGEN: _____

BED-RIDDEN: _____

BLIND: _____

LANGUAGE BARRIER: _____

OTHER: _____

PLEASE PRINT CLEARLY