

**WESTERN LEBANON COUNTY REGIONAL
EMERGENCY MANAGEMENT AGENCY**

SPECIAL NEEDS REGISTRATION

NAME: _____

STREET ADDRESS: _____

EMERGENCY CONTACT PERSON AND PHONE NUMBER _____

SPECIAL NEEDS:

_____ WHEELCHAIR USER

_____ OXYGEN _____ CYLINDER

_____ CONCENTRATOR

_____ VISUALLY IMPAIRED

_____ HEARING IMPAIRED

_____ DIFFICULTY WALKING

_____ OTHER _____

DO YOU LIVE ALONE? _____ YES _____ NO

DO YOU HAVE PETS? _____ NO

_____ DOG(S) _____ # OF DOGS

_____ CAT(S) _____ # OF CATS

_____ OTHER _____

PLEASE MAIL THIS FORM TO: WLCREMA
PALMYRA MUNICIPAL BUILDING
325 S. RAILROAD STREET
PALMYRA, PA 17078