



**BOROUGH OF ISLAND HEIGHTS
OFFICE OF EMERGENCY MANAGEMENT**
Post Office Box 797
Island Heights, NJ 08732
732-270-5500
oem@islandheightsborough.gov



Please Help Us Help You! If you or a loved one might need assistance in an emergency, please fill out the form below and return it to the Office of Emergency Management. This will help us to provide our residents with the necessary assistance they may need during major storms, power outages and other emergencies. This information will be kept strictly confidential. If you need help filling out the form or need someone to pick up the form, or if you have any other questions, please contact the Emergency Management Coordinator at 732-270-5500.

Name: _____

Address: _____

Phone # _____ E-Mail: _____

- Year Round Resident
- Seasonal Resident

Emergency Contact:

Name: _____

Address: _____

Phone # _____

Challenges:

- | | |
|--|---|
| <input type="checkbox"/> Mobility Impaired | <input type="checkbox"/> Oxygen or Respirator Use |
| <input type="checkbox"/> Wheel Chair Capable | <input type="checkbox"/> Transportation Dependent |
| <input type="checkbox"/> Sight Impaired or Blind | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Alzheimer/Dementia |
| <input type="checkbox"/> Other _____ | |

Please return this completed form to the Office of Emergency Management via mail or email.