



BOROUGH OF MADISON, NEW JERSEY OFFICE OF EMERGENCY MANAGEMENT

The Borough of Madison, along with the Office of Emergency Management (OEM), are updating our records. Please complete this form which we will use to help serve you better in the event of a prolonged power outage or other local emergency. These records are only for Police, Fire and EMS.

In order to maintain an accurate database, previous records (submissions) will be purged.

PLEASE TYPE OR PRINT CLEARLY AND NEATLY - FILL OUT FORM IN ITS ENTIRETY

CONTACT INFORMATION

Last Name: _____ First Name: _____

Home Street Address: _____

Town: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

<input type="checkbox"/>	The resident/tenant requires oxygen
<input type="checkbox"/>	The resident/tenant requires an electric Nebulizer
<input type="checkbox"/>	The resident/tenant utilizes a CPAP Machine
<input type="checkbox"/>	The resident/tenant is confined to a hospital bed
<input type="checkbox"/>	The resident/tenant utilizes a stair lift chair
<input type="checkbox"/>	There is medication at this location that requires refrigeration
<input type="checkbox"/>	The resident/tenant utilizes a motorized wheel chair
<input type="checkbox"/>	The resident/tenant is deaf/blind
<input type="checkbox"/>	The resident/tenant has special needs (autism, physical limitations, etc.)
<input type="checkbox"/>	Air conditioning is required for the resident/tenant with COPD
<input type="checkbox"/>	Other:

Signature

Date

Questions? - All questions can be directed to Fran Boardman at 973-593-3060, option #1 or BoardmanF@rosenet.org. Please refer to our Borough website, www.Rosenet.org, to complete this form online. Completed forms can also be mailed in with your utility bill or dropped off at Borough Hall.

This form and any information contained herein is intended solely for the use by the Borough of Madison. Notwithstanding its limited purpose, the contents of this form may be subject to the provisions of the New Jersey Open Public Records Act ("OPRA"). Any personal information contained within this form that may violate an individual's "reasonable expectation of privacy" (including but not limited to home addresses, telephone numbers, and/or e-mail addresses) will be redacted in accordance with applicable law.

