



## ALPINE POLICE DEPARTMENT

100 CHURCH STREET  
ALPINE, NEW JERSEY 07620-1112

---

### SPECIAL NEEDS / ASSISTANCE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Tel#: \_\_\_\_\_ Cell Tel#: \_\_\_\_\_

Please describe special needs / assistance that may be required (i.e. oxygen, wheelchair, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need electric power to operate medical equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No

In case of emergency, please contact: \_\_\_\_\_

Home Tel#: \_\_\_\_\_ Work Tel#: \_\_\_\_\_

Cell Tel#: \_\_\_\_\_

Does anyone (family member, neighbor, friend) have a key to your residence in case of an emergency? If yes, please note below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Tel#: \_\_\_\_\_ Work Tel#: \_\_\_\_\_

Cell Tel#: \_\_\_\_\_

*Please return completed form to the Alpine Police Department.  
All information provided herein will be kept CONFIDENTIAL.*