

*Borough Of Manasquan*

**Special Needs Resident Information Sheet**

**Resident Information**

Name Of Resident With Special Need:	Date Of Birth	Telephone Number:
Address:		Apartment Number Or Floor:
Please Describe Your Special Need(S):		
What Life-Sustaining Equipment Do You Have In Your Home?		

**Emergency Contacts**

Name Of Emergency Contact # 1:	Street Address:
Telephone Number:	City, State:
Relation (If Any):	Does This Person Have A Key To Your Home? Yes No

Name Of Emergency Contact # 2:	Street Address:
Telephone Number:	City, State
Relation (If Any):	Does This Person Have A Key To Your Home? Yes No

**Physician Information**

Physician's Name	Office Address:
Telephone Number:	City, State:

**Additional Information**

Please Provide Any Other Information You Feel May Be Helpful:

Form Completed By:	Date Completed:
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Please Return Completed Form To:  
Manasquan Police Department  
201 East Main Street  
Manasquan, New Jersey 08736

**Police Department Use Only**

Flag Entered

Database Entry