

Town of Tolland
Special Needs Registration Form

If you are in need of transportation or any other assistance during an emergency, or if you have a close relative who needs such assistance, please complete this form and return it to: Tolland Fire Department, P.O. Box 827, Tolland, CT 06084.

The information requested below will allow the Town to contact you in a timely manner in the event of an emergency requiring transportation from your residence.

NAME: _____

ADDRESS: _____ APT/UNIT # _____

TOWN: _____ TELEPHONE: _____

EMERGENCY CONTACT INFORMATION: (a relative or friend who knows you well)

NAME: _____ TELEPHONE: _____

SPECIAL DIRECTIONS TO YOUR HOME:

PLEASE CHECK ALL ITEMS WHICH ADDRESS YOUR NEEDS:

I am hearing impaired _____ I use a TDD/TT device _____

I am oxygen dependent _____ I have impaired vision _____

I depend on electricity powered life sustaining medical equipment:

Respirator equipment: _____ In-home dialysis: _____ Other: _____

I have mobility concerns and rely on the use of:

Wheelchair _____ Walker _____ Cane _____ Other _____

I have a service animal or guide dog _____ I have special dietary needs _____

I rely on in-home healthcare assistance _____ I have special prescription needs _____

I require special transportation in the event I had to evacuate my home _____

**I am providing this information voluntarily for use by the Town of Tolland.
(This information will be maintained by the Town of Tolland as confidential)**

SIGNATURE: _____ DATE: _____