

2020 Pomfret Emergency Registry

The Office of Emergency Management for the Town of Pomfret is developing a 2020 Registry for residents with disabilities, chronic conditions, and healthcare needs. Residents are asked to pre-identify themselves in the event they may need special assistance during an emergency. This is an opportunity to provide information that may help emergency responders meet your needs during an emergency situation.

This is an annual registration form and must be submitted each year.

Instructions: Please fill out one form, sign it, and return by either folding and adding postage to the back of this form or dropping it off at the Pomfret Town Hall. If you cannot fill out this form on your own, please have a family member or caregiver complete the form, sign it, and submit it on your behalf. Please call (860) 974-0191 with any questions or concerns.

General Information

NAME: _____ Male _____ Female _____ Year of Birth _____

STREET ADDRESS: _____ APT./UNIT or FLOOR _____

TOWN: _____ TFF/TTY: _____ HOME PHONE: _____

CELL PHONE: _____ E-MAIL: _____

Can you be reached by text message: Yes _____ No _____ Other methods? _____

Name and emergency contact information of relative, friend, or neighbor: _____

Mobility

Do you have any physical limitations or impairments? Please explain: _____

Vision, Hearing, Speech and Other Disabilities

Do you have any vision, hearing, speech or other disability? Please explain: _____

Medical or life support systems or agencies

Do you rely on medical or life support systems or agencies? Please explain: _____

Transportation Assistance

Should Pomfret need to set up a community shelter to aid its residents in time of disaster, will you need assistance with transport?

Yes _____ No _____

NOTE: By signing and submitting this form to the Town of Pomfret, I agree to permit my information to be shared with local and state emergency responders. I understand that while the Town will share this information in order to better assist me during an emergency, they cannot guarantee my assistance in all cases. I also understand that this is a voluntary program. This form is an annual registration and must be submitted each year.

Signature of person filling out form: _____ Date: _____

This is not a substitute for 9-1-1 in an imminent emergency!

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**First Selectman's Office
Pomfret Town Hall
5 Haven Road
Pomfret Center, CT 06259**

**Place
Stamp
Here**

**Office of the First Selectman
Pomfret Town Hall
5 Haven Road
Pomfret Center, CT 06259**