

Date ____ / ____ / ____

Please return to Maywood Police Dept., 15 Park Ave, Maywood, NJ 07607



Borough of Maywood, NJ Maywood Police Department Emergency Assistance Form

Resident Information

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

Does the resident wish to receive emergency
Notifications from Maywood PD/OEM? Yes No

Resident Emergency Information

Resident Uses Oxygen? Yes No If yes, Oxygen Tank Oxygen Concentrator

Does the resident require power for any form of medical equipment? Yes No

Is the resident confined to a bed Yes No Does the resident use a wheelchair Yes No

Resident has a vehicle? Yes No List license plate(s) _____

Does the resident require assistance in the case of an evacuation? Yes No

Please provide any information relevant to any special needs the resident may have:

Would the resident like to be enrolled in the Scent Safe Program, which ensures that if the at-risk resident should ever go missing, the Maywood PD K9 Unit can have the necessary items in order to assist in locating the missing resident? If so, the Maywood PD K9 Unit will make arrangements. Yes No

Does the resident have a pet/service animal? Yes No If so, how many? _____

Are there carriers for each of the pets? Yes No Does pet require medication Yes No

Emergency Contact Information

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ Mobile Phone Number: _____

Email Address: _____ Has keys to residence? Yes No

ENTERED INTO CAD DATE: _____ ENTERED BY: _____ BADGE: _____