NOTICE

Residents of Tilden Township

IF YOU OR SOMEONE IN YOUR HOUSEHOLD REQUIRES SPECIAL ASSISTANCE DURING AN EMERGENCY DUE TO A MEDICAL CONDITION, PLEASE COMPLETE THIS FORM. EVEN IF YOU HAVE COMPLETED THIS FORM IN PRIOR YEARS, YOU WILL NEED TO COMPLETE IT WITH YOUR INFORMATION AND SUBMIT IT AGAIN EACH YEAR.

In accordance with Public Law 1332, the Emergency Management Services Act, we are requesting certain information from Tilden Township residents. This law mandates that each municipality in Pennsylvania form a disaster emergency management plan to handle natural or man-made disasters. One aspect of the plan is to prepare for the needs of persons with special medical situations, those requiring transportation, non-English speaking persons, and residents with serious hearing impairments that will require special notification in case of emergency.

Please provide us with the follobe considered confidential and ***********************************	will be used only in th	ne event of an eme	rgency.	d. Any information provided will	
Physical Address (No P.O	D. Boxes, please) _				
Phone Number		Cell Phone Number			
Email address		Help Number (if used)			
Name	Special Medical Needs? (Yes/No)	Hearing Impaired? (Yes/No)	Requires Transportation? (Yes/No)	If non-English speaking, list language spoken	
If you marked "Yes" for S this applies: (Example – J					
Name	Special Requ	uirement			

When complete, please fold, seal and return with proper postage as soon as possible. If you have any questions, please call the township office at 610-562-7410.



Place Stamp Here

Emergency Management Coordinator Tilden Township 874 Hex Highway Hamburg, PA 19526