



## Fire Prevention Bureau, Woodbridge Fire Department

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Business: (732) 602-6050 • Fax: (732) 602-6043  
www.woodbridgefireprevention.org

FIRE • POLICE • MEDICAL  
EMERGENCIES  
DIAL 9-1-1

### Emergency Evacuation Special Needs Notification Form

This form is provided for people that have a medical condition and will need assistance leaving their **home** or **place of employment** within Fire District # 1 in the event of a fire or emergency. Filling out this form is not mandatory; the information provided will be kept confidential in the Woodbridge Township's Emergency Services computer database.

Name of Person: \_\_\_\_\_

Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Floor Number: \_\_\_\_\_

Office/ Room Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Please describe the type of assistance you think you will needed in case of an emergency evacuation. (Examples: assistance needed going down steps, visual or hearing-impaired bedridden, etc...)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of time that assistance will be needed:

Six Months: \_\_\_\_\_ Nine Months: \_\_\_\_\_ One Year: \_\_\_\_\_ Other: \_\_\_\_\_

This form should be updated when changes occur such as the level of help that would be needed. If you no longer need assistance before the amount of time specified above contact the Woodbridge Police Dispatch @ 732-634-7700

Signature: \_\_\_\_\_

Date: \_\_\_\_\_