



SPECIAL NEEDS REGISTRATION FORM

Name _____

Street Address _____

Telephone Number(s): _____

RESIDENCY STATUS

- Full-time
- Part-time (which months) _____

DISABILITY/IMPAIRMENT

- Deaf or hearing impaired
- Blind or sight impaired
- Confined to a wheelchair
- Able to walk or move with assistance
- Could transfer to regular seats in a car, bus or van
- Confined to bed
- Difficulty walking or moving during an emergency
- Other _____

(Please Specify)

SPECIAL EMERGENCY ASSISTANCE REQUIRED

(Check only those that are applicable)

- Special notification because impairment prevents hearing public address system warnings
- Transportation if evacuation is required
- Special accommodations because of physical impairments or medical condition

PERSON COMPLETING THIS FORM

Name _____

Relationship _____

Telephone #'s _____

Please return to: **Bethany Beach Police Department**
Attn: Deputy Chief Justin Norman
PO Box 109, Bethany Beach, DE 19930