

Borough of Lavallette - Police Department

1306 Grand Central, Lavallette, NJ 08735



Lavallette - Register Ready

First Name:	MI: Last Name:	
Address:		
City:	State:	Zip Code:
DATE OF Birth.		llaight.
DATE OF Birth:	MALE: FEMALE:	Height:
Email Address:		
Primary Phone: Check if I	Primary Phone is TTY/TTD Seco n	ndary Phone:
Year-Round Resident: Part-Time (Summer) Resident:		
EVACUATION INFORMATION:	I DO NOT HAVE:	I REQUIRE MEDICAL EQUIPMENT
Sight Impaired	Access to Motor Vehicle	 not easily transportable: Oxygen Concentrator/Cylinder
Hearing Impaired	Radio or Television	Ventilator
Speech Impaired	A Telephone	Suction Machine
Physically Impaired	Speak English	Other Equipment (list below)
Completely Bedridden		
Mentally/Memory Impaired	I HAVE DIFFICULTY WALKING:	
Dementia/Alzheimer's	Require a Walker/Cane	
Dialysis	Standard Wheelchair	
Autism Spectrum Disorder	Motorized Wheelchair	
Constant Nursing Care Needed	Assistance in Ambulating	
Other (list below)	Weight over 300 pounds	