



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:

MALE:

FEMALE:

Height:

Email Address:

Primary Phone:

Check if Primary Phone is TTY/TTD

Secondary Phone:

Year-Round Resident:

Part-Time (Summer) Resident:

EVACUATION INFORMATION:

- Sight Impaired
- Hearing Impaired
- Speech Impaired
- Physically Impaired
- Completely Bedridden
- Mentally/Memory Impaired
- Dementia/Alzheimer's
- Dialysis
- Autism Spectrum Disorder
- Constant Nursing Care Needed
- Other (list below)

I DO NOT HAVE:

- Access to Motor Vehicle
- Radio or Television
- A Telephone
- Speak English

I HAVE DIFFICULTY WALKING:

- Require a Walker/Cane
- Standard Wheelchair
- Motorized Wheelchair
- Assistance in Ambulating
- Weight over 300 pounds

I REQUIRE MEDICAL EQUIPMENT

- not easily transportable:

- Oxygen Concentrator/Cylinder
- Ventilator
- Suction Machine
- Other Equipment (list below)

Note: The information on this page will be used by Emergency Personnel if an Emergency Evacuation is declared and/or during a disaster situation to ensure the person registered (above) is safe and sound in a secured location.