

CITY OF NICHOLS HILLS

Self-Identification for Persons with Disabilities – CONFIDENTIAL QUESTIONNAIRE

Name: _____
 First Last

Address: _____

Phone Number: _____ Email: _____

Alarm Company _____

Description

Please describe the type of assistance you may need during a building evacuation. Do NOT provide medical details.

_____ Mobility Impaired: Please specify (eg. Wheel chair user, unable to use stairs, etc.)

_____ Hearing impaired

_____ Visually impaired

_____ Other impairment _____

Emergency Contact: _____
 First Last

Address: _____

Phone number: _____ Key left with neighbor? Y N

Any other important information that the fire or police department may need to know in case of an emergency:

