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:

_____

_____

_____