

**SPECIAL NEEDS POPULATION REGISTRATION FORM**  
**Town of Plainfield, NH**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

Telephone number-  
Land Line \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact person(s) \_\_\_\_\_

Special Needs/Circumstance \_\_\_\_\_

Medical equipment requiring electricity \_\_\_\_\_

Do you have:

A plug in phone? \_\_\_\_\_ A generator? \_\_\_\_\_ A generator transfer switch? \_\_\_\_\_

Do you have another adult living at home with you who is able to help those in your home with special needs during an emergency? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who is that Person? \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of the person requesting to be included in the registry:

---

For additional comments or suggestions, please use the back side of this form. Thanks!

**Please return completed form to the Police Department or Town Clerk's Office**