

Lynn ~ Heidelberg Emergency Management Plan
Lehigh County
6272 Route 309 ~ Suite A
New Tripoli, PA 18066
610-767-9297 ~ Fax 484-265-0097
Confidential Emergency Information Forms

The Townships have prepared an emergency operations plan in order to reduce the potential effects of a major emergency or disaster and to protect the health, safety and welfare of the residents of Lynn & Heidelberg Townships. This information needs to be periodically updated pursuant to the Federal Emergency Management Act.

We are requesting that the residents of Lynn & Heidelberg Townships who are handicapped or disabled (i.e. blind, deaf, bedridden or unable to vacate a building without help in case of an emergency) to complete this form.

Name: _____ Today's Date: _____

Address: _____

Phone Number: _____ Age: _____

Type of Disability or Handicap:

- | | |
|--|---|
| <input type="checkbox"/> Artificial Limb | <input type="checkbox"/> Impaired Hearing |
| <input type="checkbox"/> Mental Disorder | <input type="checkbox"/> Spinal Disorder |
| <input type="checkbox"/> Cardiac (Heart) Condition | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Impaired Vision | <input type="checkbox"/> Amputee: Lower Extremity |
| <input type="checkbox"/> Amputee: Upper Extremity | <input type="checkbox"/> Other (specify)_____ |
| <input type="checkbox"/> Sensory Issues (specify)_____ | _____ |

Are you able to walk? Yes () No ()

Do you use a: Walker () Cane () Wheelchair ()

Are you bedridden? Yes () No ()

If yes, please specify any special needs when being moved or transported_____

Are you dependent on any life support? Yes () No ()

If yes, please specify (dialysis, oxygen, etc) Type:_____

Comments:

PAGE 1 OF 2. PLEASE SEE REVERSE for more questions and instructions on where to return this form.

*If this form is not returned within 30 days, it will be assumed that your household has no handicapped or disabled residents.

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Dear Resident/Property Owner(s),

The Township's Emergency Response Teams (Fire, Ambulance) are vital to the continued health, safety and welfare of the community. These people place their lives on the line with every emergency response, whether it is a fire, auto accident, or rescue. Many unknown hazards await our emergency personnel and it is our duty to try and protect them and forewarn them as best as possible. To this end, we are attempting to identify any potential hazards on any property in the township. This information will be updated periodically for use by the fire companies and ambulance corps.

Do you have any of the following on your property at any time of the year? (In quantity, i.e. 5 gallons or more)

	Type	Time of Year Stored	Quantity
Herbicides	_____	_____	_____
	_____	_____	_____
Pesticides	_____	_____	_____
	_____	_____	_____
Fertilizer	_____	_____	_____
	_____	_____	_____
Cleaning Fluids	_____	_____	_____
	_____	_____	_____
Explosives	_____	_____	_____
	_____	_____	_____
Fuel Tanks	_____	_____	_____
	_____	_____	_____

Are there any other hazards or possible hazards on your property which could cause a problem in an emergency?

Name: _____ Today's Date: _____

Address: _____

Please return this form to the Township Office or mail to:

Heidelberg Township Office
6272 Route 309 ~ Suite A
New Tripoli, PA 18066

This form can also be emailed to ddidra@ptd.net or faxed to 484-265-00097

*If this form is not returned within 30 days, it will be assumed that there are no hazards on your property.