

**Special Needs Registration Form for
Allegan County Residents**

Name: _____ New or Updated form

Address: _____

Mailing Address if different: _____

Home Phone _____ Cell Phone _____

Work / Day Time Phone _____ Date of Birth _____

TTD/TTY: _____ E-Mail Address _____

Are you a part-time resident of Allegan County? _____ If yes, please list months that you are here and provide us with your alternate address and phone number of where you will be during the other months.

Please list any special information about yourself that may assist us in helping you during an emergency/disaster.

In the event of an emergency/disaster it may be necessary for emergency responders to contact a family member, friend, neighbor or caretaker on your behalf. Please list at least two (2) contact person(s) for yourself even if the contact person is out of town.

FIRST CONTACT OR GUARDIAN IF APPLICABLE

Name: _____ Relationship to you _____

Address: _____

Home Phone _____ Cell Phone _____

Work Phone _____

SECOND CONTACT

Name: _____ Relationship to you _____

Address: _____

Home Phone _____ Cell Phone _____

Work Phone _____

If completed by Agency: Agency Name: _____ Phone _____

Please mail the completed form to the Emergency Management, 3271 122nd Avenue, Allegan, MI 49010. **This form will be kept on file for one year. A new form must be completed and mailed in every year by January 31st.**

EOC use only

Name: _____

Township _____

Section _____

Date _____