Please fill out the information below and on the reverse side if you are have medical issues or you are available to volunteer and return to the Town Clerk - info on the reverse side.



Date:	TO DILAWARE WITE COUNTY
Name: (please print clearly)	
Tusten Address:	
Home Phone:Cell P	Phone:
Email address:	
Emergency Contact Info:	
Do you have a 911 identifier on your mailbox?  If not, please contact the Narrowsburg Fire Department at 845-252-3328 (leave a message) or Google 911 house numbers and choose your retailer.	
In order for the Town of Tusten to reach you as quickly as possible during a power outage, please let us know the following:  • Location and info regarding generator capacity to charge oxygen tanks, etc.  • If your home is locked and you are not ambulatory, where is a key to access your home?  • Should help enter via a particular door or though a garage?  • Is there a dog on premises that we need to be aware of?	
Please fill out the information below and on the reverse side and return to the Town Clerk  Check all that apply Feeding Pump Continuous Oxygen Are you Ambulatory? Nebulizer Refrigeration (medicine) Mechanical Ventilator Infant Apnea Monitor Home Dialysis CPAP Machine Hospital Bed HVAC OTHER (please provide info)	
If you are able to volunteer during an emergency please check one of the following or let us know what services you are able to provide other than those listed: Man the emergency shelter/warming station Provide food or coffee for shelter/ warming station Package dry ice Hand out dry ice/water Make phone calls  Other	Please return this form to the Tusten Town Clerk:  By Mail: Tusten Town Clerk PO Box 195, Narrowsburg, NY 12764  In Person: Tusten Town Clerk 210 Bridge St., Narrowsburg, NY 12764  By email: Crystal Weston townclerk@tusten.org (scan or take a picture to email)