Request for Special Assistance

Your Name
Your Address:
Your Telephone Number, Home
Work
Cell
What County do you live in?
☐ Wake ☐ Chatham ☐ Lee ☐Harnett

Name and telephone of a nearby relative or friend:

Name:
Telephone Number

Why do you need help in an emergency?

☐ Hearing Impaired
Do you have TDD equipment? ☐Yes ☐ No
Telephone Number (optional):

☐ Visually Impaired

☐Require a life-support machine

☐Need a ride (cannot walk to nearest road)

☐ Have other problems:

☐I also need to personally discuss my need for special assistance in an emergency.

What well-known place is the nearest to your home (such as the nearest road intersection, school, church or business)?

Describe how you get to your home from this landmark:

Name and telephone number of person filling out this card:

Name
Telephone Number

Be sure to mail this information **every year.**

This confidential information is mailed to your county emergency office upon receipt. It is no maintained by Progress Energy