

**REQUEST FOR SPECIAL ASSISTANCE**  
**BIRMINGHAM TOWNSHIP EMERGENCY SERVICES**

The use of the following information will conform to Privacy Act Regulations. This information will remain confidential. Complete a separate form for **EACH** individual requesting special assistance.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

email: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ AGE: \_\_\_\_\_

1. I have the following disability: Check all that apply.

Hard of Hearing: \_\_\_ Legally Blind \_\_\_ Disabled: \_\_\_\_\_

2. I use the following equipment: Check all that apply.

Lift Van: \_\_\_ Wheelchair: \_\_\_\_\_ Walker: \_\_\_ Guide Dog: \_\_\_\_\_

Breathing Assistance: \_\_\_\_\_

3. I live alone: \_\_\_\_\_ I have an attendant \_\_\_\_\_ I have a neighbor who will help me: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Please telephone 610-793-2552 or email k3qnt@aol.com if additional Assistance Request Forms are needed in your household. Please return this form to:**

**Birmingham Township  
1040 West Street Road  
West Chester, PA 19382**

**Thank you.**

Lloyd Bankson Roach  
Emergency Management Coordinator