



Town of Hull

EMERGENCY MANAGEMENT

TEL: (781) 925-8118
(781) 925-1330
FAX: (781) 925-2228

253 ATLANTIC AVE

HULL, MASSACHUSETTS 02045

TOWN OF HULL SPECIAL NEEDS FORM

If you have a disability that may cause you to need special assistance in an emergency, please fill out this form and return it. If you have already filled out a form in the past we would ask you to do it again, as we are updating our records. **All information on this form is strictly confidential.** If you have any questions or concerns, please contact the Emergency Management at 781-925-1330 or 781-925-8123 (Only manned in an emergency situation – will receive a recording).

Name: _____

Street Address: _____

Phone Number: _____ 2nd phone #: _____

Person Completing this form: _____ Phone #: _____

Signature

Check all that apply:

- I would arrange my own transportation to a shelter in an emergency.
- I would require transportation but could walk a short distance if needed (less than ¼ mile from my home to a bus).
- I have limited mobility and would require assistance getting on and off a bus.
- I am confined to a wheel chair and would require a wheelchair van.
- I would require an ambulance for transportation.
- I am deaf. Use a TTY.
- I would require electric power for life support equipment.
Describe: _____
- I have specialized medical or other needs.
Describe: _____

Return to Hull Emergency Management 253 Atlantic Avenue, Hull, Mass. 02045