



# *Borough of Newport*

## *Emergency Management*

231 Market Street  
Newport, PA 17074  
(717) 567-3728 Borough Office  
(717) 567-3754 Borough Fax  
Email: EMC@newportboro.com  
www.newportboro.com

### Notification Form

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of individuals living in the residence: \_\_\_\_\_ Type & Number of Pets \_\_\_\_\_

#### PLEASE CHECK ALL THAT APPLY

- Physically Impaired and unable to evacuate my residence
- Mentally Impaired
- Visually Impaired
- Hearing Impaired
- Receive Home Medical Care and may need Emergency Medical Services
  - Oxygen Therapy*
  - Bed Bound*
  - Obese*
- Non-English Speaking
- I am willing to be a volunteer during an emergency or disaster
- I have access to a large building(s) that can be used during an emergency or disaster
- Other information you care to provide: \_\_\_\_\_

*Please return this form to the Borough of Newport via the information provided above.*

*Committed to the Community*