



FORT LEE FIRE PREVENTION BUREAU

Borough of Fort Lee

1365 Inwood Terrace
Fort Lee, New Jersey 07024-4799

Phone: (201) 592-3500 Ext. 1502
Fax: (201) 585-1563



INSPECTORS

Mary Boujotas	Ext. 1016
Maria Bradley	Ext. 1093
Patrick Buglione	Ext. 1091
Helene Ciccarelli	Ext. 1092
Michael DeGidio	Ext. 1094
Robert DeVito	Ext. 1095
Jamal Ghrayeb	Ext. 1017

Steven James Curry, Fire Official/Fire Sub-Code, Ext. 1018

Joseph Cariddi, Deputy Fire Official, Ext. 1019

Cindy A. Vida, Administrative Asst., Ext. 1011
Anastasia Sophias, Clerk Typist, Ext. 1010
Kristin Schulman, Clerk Typist, Ext. 1014

INSPECTORS

Eric Hodge	Ext. 1096
Jason Manizza	Ext. 1012
Tony Kintos	Ext. 1089
Mike Marrara, Sr.	Ext. 1090
Joseph Piemonte	Ext. 1029
Jack P. Siccardi	Ext. 1097

FORT LEE EMERGENCY SERVICES SPECIAL NEEDS REGISTRY

Attached is a Special Needs Registry form that will be utilized by Fort Lee Emergency Services should an emergency arise in your home/apartment building. The information contained on these pages is confidential and will only be utilized by Fort Lee Emergency Services in the event of an emergency or disaster.

Please return the completed form to:

Fort Lee Fire Prevention Bureau
1365 Inwood Terrace
Fort Lee, NJ 07024

or by email at
fireprevention@fortleenj.org

Name: _____ Male/Female

Address: _____ Apartment: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Primary Language: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

2. Name: _____ Relation: _____

Home Address: _____

Home Phone: _____ Cell: _____

Email: _____

Pharmacy Name: _____ Pharmacy phone: _____

Do you have alternative housing in the event of an emergency? YES / NO

Location: _____

Relation: _____ Phone: _____

In the event of an emergency, do you require evacuation assistance? YES NO

Do you have a File of Life? YES NO

Are you registered with NJ Register Ready? YES NO

Name: _____

PLEASE CHECK ALL THAT APPLY

MEDICAL CONDITIONS:

Speech Impaired ___
Dementia ___
Alzheimer's ___
Psychiatric Illness ___
Dialysis ___
Nursing Care ___
Other: _____

EQUIPMENT UTILIZED:

Oxygen ___
Oxygen Concentrator ___
Respirator/Ventilator ___
Service Animal ___
Requires Constant Skilled Hemodialysis
Peritoneal Dialysis ___

VISUAL IMPAIRMENT:

Blind ___
Complete (both eyes): ___
Partial ___
Impaired Vision ___
Macular Degeneration ___
Cataracts ___
Glaucoma ___

Service Animal ___
Cane ___

HEARING IMPAIRED:

Deaf ___
Partially hearing impaired ___
Hard of Hearing ___

TTY/TDD Phone ___

Hearing Aids ___

MOVEMENT DISABILITIES:

Paralysis ___
Partial ___
Complete ___
Arthritis ___
Muscular Dystrophy ___
Multiple Sclerosis ___
Cerebral Palsy ___
Stroke ___
Parkinson's ___
Bedridden ___
Bariatric Patient ___
Other: _____

Walker ___
Cane ___
Wheelchair ___
Motorized Wheelchair ___
Motorized Scooter ___
Mechanical Lift ___
Attendant to Assist With
Ambulation ___