

P L A C E
R E G U L A R
P O S T A G E
S T A M P
H E R E

Monmouth Beach Office of Emergency Management
14 Willow Ave.
Monmouth Beach, NJ 07750

HOW IT WORKS

This Evacuation Plan documents the most sensitive residents in the borough. Depending on the emergency, the individual may be evacuated or managed at home through a shelter-in-place operation. This will be based on the severity of their needs and the severity of the incident.

YOUR ROLE

Natural events, including hurricanes, storms, floods, blizzards, and outbreaks, impacts all of our residents. During these disasters emergency assistance to residents may take longer than is desirable due to the increased demand for service. One of the most important things you can do is develop a Family Emergency Preparedness Plan for you and your loved ones.

REGISTER

Please fill out the Special Needs Evacuation Plan Form in this brochure and return it to the Monmouth Beach Police Department in order to participate in this program.

**IT'S ALWAYS GOOD
TO HAVE A FAMILY PLAN.
DEVELOP ONE TODAY
BEFORE AN EMERGENCY OCCURS!!!**

Monmouth Beach Office of Emergency Management

Special Needs Evacuation Plan Form

Important Information

Complete this form for you or members of your household who require special assistance and wish to become part of the registry. Be sure to fill out the entire form and return it with your current information. This information will be considered confidential and will be used for emergency responders in the event of an emergency evacuation. Completed forms can be faxed, mailed, or delivered to the Monmouth Beach Police Department headquarters. Fax to: 732-229-7450 Mail to: 14 Willow Ave., Monmouth Beach, NJ 07750.

Special Assistance will be needed for the following individual and/or members of household:

Last Name

First Name

Address

City

Telephone

Check all that apply:

- Full-time resident
- TDD Telephone Number _____
- Confined to a wheelchair
- Can transfer to seat in a car, bus, or van with assistance
- Lives alone
- Other special needs _____
- Part-time resident (Specify months at this address) _____
- Confined to bed

In case of Emergency listen to the following Radio Stations:
WPMG 1640 AM NJ 101.5 FM WJLK 94.3 FM