



# Cedar Grove Police Department Special Needs Registry Form

This form is designed to assist those who require special assistance in emergency situations. The information provided by you on this form will be confidential. The information will be entered into the Cedar Grove Police Department dispatch computer database so that in the event of a emergency, the Police, Fire and Emergency Medical Services of the township can better serve you. If you have any questions regarding this form, or need to provide more information then space allows, please contact the Cedar Grove Police Department.

Please complete and return this form personally to the Cedar Grove Police Dept Records Bureau:

CEDAR GROVE POLICE DEPARTMENT  
525 POMPTON AVENUE  
CEDAR GROVE, NJ 07009  
973-239-4100

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**Spec. Needs Person:** Name  DOB

Sex  M  F Race  Photo  Y  N

Address  Apt.

Phone #  Cell Phone #

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**Emergency Contacts:**

Name / Address  Phone

Name / Address  Phone

Name / Address  Phone

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**List below :** Likes, Dislikes, Triggers, Verbal or not, ID Worn, Descriptive Info. Medications, Hidden Keys, etc.

Information

Signature \_\_\_\_\_ Date  6/2017

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