

***Borough of West Cape May  
Emergency Contact Information***

**In an effort to update our records and optimize public safety,  
please fill out the following and return as soon as possible to:  
Borough of West Cape May, 732 Broadway, West Cape May, NJ 08204**

Name: \_\_\_\_\_ Block \_\_\_\_ Lot \_\_\_\_ Qual. \_\_\_\_\_

Property Address: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Local Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Away Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

	Full Time Resident	Part Time Resident	Rental
<b>Other Resident Names:</b>			
_____	_____	_____	_____
_____	_____	_____	_____

Has a key been left with someone local? Yes    No  
If yes with whom? \_\_\_\_\_

**1<sup>st</sup> Person to be notified in case of emergency:**  
Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_

**2<sup>nd</sup> Person to be notified in case of emergency:**  
Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_

**Medical Conditions:**  
\_\_\_\_\_  
\_\_\_\_\_

Oxygen Use:    Yes    No  
Is electric needed to operate medical equipment?    Yes    No  
\_\_\_\_\_  
\_\_\_\_\_

In case of an evacuation, where would you go? \_\_\_\_\_  
\_\_\_\_\_

How would you get there? \_\_\_\_\_  
\_\_\_\_\_

**Pets:**  
Number of Pets in Residence: \_\_\_\_\_  
Types: \_\_\_\_\_