

City of Sweeny
Office of Emergency Management
111 West Third Street, Sweeny, TX 77480
(979) 548-3111
www.ci.sweeny.tx.us

Emergency Assistance Form

The purpose of this standardized form is to collect specific information about those citizens living in the City of Sweeny who, because of a medical or physical condition, would need specialized governmental assistance during the time of a disaster in regards to the preservation of life, evacuation, or other life-threatening condition.

Please complete this form and submit it to the Sweeny Police Department. Once submitted, please notify the police department of any changes in the information provided herein.

NAME: _____ **RACE:** _____ **SEX:** _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE NUMBER: _____

MEDICAL OR PHYSICAL CONDITION: _____

SPECIFIC ASSISTANCE REQUIRED: _____

ADDITIONAL INFORMATION: _____

Privacy/Disclosure Statement: The information collected on this form will be compiled and categorized for easy dissemination to public safety officials upon life-threatening emergencies. The information will not be disclosed to any non-public safety agency or individual. If contact with the individual named above is deemed necessary for the protection of life during a time of emergency or pending disaster, the information above may be disclosed to public safety agencies of the City of Sweeny or to any other mutual aid organization called upon to provide assistance (Brazoria County Sheriff's Department, Texas Department of Public Safety, National Guard, etc.)

FOR OFFICIAL USE ONLY		
Date Received: _____	Official: _____	Posted: _____