115 U.S. Hwy. 17 North
Surfside Beach, SC 29575
Telephone: (843) 913-6369
Fax: (843) 839-0079

SPECIAL NEEDS FORM

DATE: _____

NAME: _____ _____ _____
FIRST MIDDLE LAST

ADDRESS: _____

BLDG #: _____ UNIT / APT. # _____ LOT # _____

TELEPHONE #: _____

LOCATION OF RESIDENCE: (e.g., entering from front door, 2nd bedroom on right, 1st floor etc.)

MEDICAL CONDITION (do not use abbreviations):

TYPE OF EQUIPMENT AND LOCATION: (e.g., oxygen tanks, entering from front door, 1st closet on left):

MISC.: (e.g., house key location, alarm code, etc.)

SUBMITTED BY: _____ TITLE: _____

AGENCY/COMPANY: TOWN OF SURFSIDE BEACH

TELEPHONE #: 843-913-6369 FAX #: 843-839-0079

SPECIAL NOTE

Please complete all fields; an incomplete form may delay processing of the information. This record will be purged at the official end of hurricane season. A new form must be resubmitted yearly to modify or delete current record. Please fax or email notification when this entry is no longer valid.