

**TOWN OF NORTH SALEM**  
**OFFICE OF EMERGENCY MANAGEMENT (OEM)**  
**266 Titicus Road, North Salem, NY 10560**  
**(914) 669-5464 – [oem@northsalemny.org](mailto:oem@northsalemny.org)**

***Kurt Guldán (Coordinator of Emergency Management & President of North Salem Volunteer Ambulance), Peter Kamenstein (Deputy Town Supervisor), Neil Caputo, (North Salem Police Department), Ward Hanaburgh (Superintendent of Highways), Lewis Kohl, MD (Putnam Hospital), John Blauvelt (Fire Chief, Croton Falls Fire Department)***

The Town Board formed the ***Office of Emergency Management (OEM)*** to help all of us prepare for and deal with major emergencies and/or disasters that may affect the Town of North Salem. To help us assist you, we would appreciate it if you would fill-in the information below and mail this form back to us when possible or email the information to [oem@northsalemny.org](mailto:oem@northsalemny.org). We understand that you might not want to supply all of this information to us; however, in case of a larger emergency you can appreciate and understand that we may need to get in touch with and care for as many Townspeople as possible and this allows us to do that. Please know that all your information will be kept strictly confidential. *Warren Lucas Supervisor, Town of North Salem*

Head of Household \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Additional Email Addresses \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*(Person not living with you)*

Please list the names, ages and special needs (i.e., oxygen, wheelchair, etc.) of everyone, including yourself, residing in your home.

Name \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

*(If needed, please use the reverse side of this form)*

Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Pet(s) \_\_\_\_\_

Additional information you think will be helpful for us to know: \_\_\_\_\_

Interested in saving the Town postage and paper? If so, can the Town use this email information to send out receipt for taxes and other items if you request receipts? Circle yes / no

Would you also like to get the Town's newsletter e-mailed in the future? Circle yes / no