



If you or a loved one resides in the Village of Southampton and uses one of the following qualified* life support devices, **please complete the form below:**

- Apnea Monitor
- Curraise Respirator
- Positive Pressure Respirator
- Suction Machine
- IV Machine
- Tank Type Respirator
- Respirator/Ventilator Machine
- Rocking Bed Respirator
- Oxygen Concentrator
- IV Medical Infusion
- Hemodialysis Machine

If you or a loved one resides in the Village of Southampton and is need of assistance during emergencies or evacuations, **please complete the form below:**

_____-YES I would like the Southampton Village Police Dept. to check on me during emergencies!

Date: _____

Name: _____

Village Address: _____

Phone # for above address: _____

Name of Next of Kin: _____

Phone of Next of Kin: _____

Authorizing Signature: _____

Mail this form to: Village Contact Program, Southampton Village PD, 151 Windmill Lane, Southampton, NY 11968. Submit by fax to 631-283-3304, or on-line at www.svdpd.com - go to FORMS.

A police department member will call to verify information upon receipt.

* Deemed as Life-Support Devices by the Long Island Power Authority and may qualify the user for LIPA's Critical Care Program. For more information call **1-800-490-0015** or **www.lipower.org**