

# Families with Exceptional Needs Information Request



**Authority:** Title 10 U.S.C. Section 3013, Privacy Act Statement 5 U.S.C. 552a

**Purpose:** To inform Fort Lee first responders of a household member that may have limited or no ability to self rescue during an emergency.

**Routine:** N/A

**Storage:** It will remain with Fire and Emergency Services and only be used by Fire and Emergency Services personnel in the event of an emergency in your home.

When you leave Fort Lee, please contact Fort Lee Fire and Emergency Services to have this information removed and our records updated

**Disclosure:** Voluntary

**Fort Lee Fire & Emergency Services**  
520 A Avenue  
Fort Lee Virginia 23801

**Phone: 804-734-6597**  
**Fax: 804-765-3974**

<b>Name:</b>	
<b>Address:</b>	
<b>Age:</b>	
<b>Male/Female:</b>	
<b>Allergies:</b>	
<b>Any Special medical needs including medication:</b>	

**Detail reason for assistance:**

**Any additional information or any comments:**

Please contact Fort Lee Fire and Emergency Services for any assistance in completion of this form.