

**REQUEST FOR SPECIAL ASSISTANCE
(DURING TOWN EMERGENCIES)**

1. Name: _____

2. Address: _____

3. Telephone: _____

4. Special Considerations:

(Example: Medical or physical conditions, mobility limitations or any other reason you may need additional assistance during a Town emergency)

Please return to:

**The Selectmen's Office
PO Box 11
Center Barnstead, NH 03225**