



Life's Just Better Here

City of Wilton Manors

Special Needs Registration Form

MY INFORMATION:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

EMERGENCY CONTACT:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

MY SPECIAL NEEDS OR LIMITATIONS:

MY ACKNOWLEDGEMENT & CONSENT:

- *The City is a public entity subject to Chapter 119, Fla. Statutes concerning public records. This document may be subject to public disclosure. With the exception of email addresses, all records relating to the registration of persons with special needs are confidential and exempt from s. 119.07(1) F.S., except that such information shall be available to other emergency response agencies.*
- *I hereby authorize the City to disclose any information necessary for my care, health or safety.*
- *I understand that there is no guarantee that services will be provided to me by the City.*

SIGNATURE (REQUIRED)

DATE

This form may be faxed to (954) 390-2199, emailed to UB@wiltonmanors.com, or mailed to:

City of Wilton Manors Finance Department
2020 Wilton Drive, Wilton Manors, Florida 33305
(954) 390-2100