



Town of Somerset Decal Program Application

Information regarding Applicant/Guardian:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: NY Zip Code: _____

Phone Number: (_____) _____

Relationship to the special needs person: _____

Secondary Contact Person Full Name: _____

Secondary Contact Phone Number: (_____) _____

Number of Stickers (Max. 2 each) _____ Vehicle: _____ Home: _____

Information regarding individual with Special Needs:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: NY Zip Code: _____

Does this individual have a cell phone? Yes: _____ No: _____

If Yes, what is the phone number: (_____) _____

Date of Birth (mm/dd/year): _____

Comments (Helpful information, triggers, responsiveness, special instructions):

I am voluntarily providing this information to the Somerset Police Department with the understanding that it will be shared only with dispatchers and first responders for use in the event of an emergency at the residence or in a vehicle of the special needs individual listed above.

Applicant Signature: _____

Return completed form to the Somerset Police Department, 8700 Haight Road, PO Box 368, Barker, NY 14012