



City of Lyons, NE - Oxygen User Registration Form

Purpose: This form is for residents of Lyons, NE, who rely on oxygen therapy. The information provided will be shared with the City of Lyons and the Lyons Fire and Rescue Department to assist in emergency preparedness and response.

Resident Information:

Full Name: _____

Date of Birth: _____

Street Address: _____

Phone Number: _____

Email Address (if applicable): _____

Medical Information:

- **Do you require oxygen therapy?** Yes No
- **Type of Oxygen Equipment Used:**
 - Oxygen Concentrator
 - Portable Oxygen Tank
 - Liquid Oxygen System
 - CPAP/BiPAP with Oxygen
 - Other: _____
- **Frequency of Use:** Continuous As Needed
- **Oxygen Supplier Name & Contact:** _____

Emergency Contact Information:

1. **Primary Contact Name:** _____
 - **Relationship:** _____
 - **Phone Number:** _____

2. **Secondary Contact Name:** _____

○ **Relationship:** _____

○ **Phone Number:** _____

Consent to Share Information:

I, _____ understand that by signing this form, I am voluntarily providing my personal and medical information to the City of Lyons and the Lyons Fire and Rescue Department. I acknowledge that this information will be used solely for emergency preparedness and response efforts. I give my consent for the City of Lyons to share this information with the Lyons Volunteer Fire and Rescue Department.

I understand that this consent is voluntary and that I may withdraw it at any time by contacting the City of Lyons. I further acknowledge that providing this information does not guarantee priority service in emergencies.

Signature: _____

Date: _____

Witness (if applicable): _____

Date: _____

Submission Instructions: Please return this completed form to the City of Lyons office at:
335 Main St.
PO Box 598
Lyons, NE 68038

For questions, please contact 402-687-2485 or email cityoffice@lyonsne.com

Thank you for helping us keep our community safe!