



Revere Commission on Disabilities Clear Mask Distribution Questionnaire



1. Your name: _____

2. Address: _____

3. Email contact: _____

4. Phone contact: _____

5. Reason for this request: (choose or circle all that apply)

Self

I am the primary caregiver for an individual with / without special needs

The person I care for is a : child (pre-school) Adult
(school aged)

Other Reason: _____

6. If you are the primary caregiver of a school aged child, which school does this child attend, and what grade level?

Name of School / Grade: _____

7. Any Additional Information you would like to share so that we may better assist you? *(Please use back of page if needed)*

****Limited Quantity-While Supplies Available****

Please Email your completed form to Disabilities@revere.org. If you have any questions send us an email or contact the Disabilities office at 781-286-8267 and leave a message.

Thank you,

Revere Commission on Disabilities

(Questionnaire's will be reviewed & if requirement needs are meet you will be contacted)