



TOWN OF SOUTHAMPTON

20__ SPECIAL EVENTS APPLICATION

EVENT INFORMATION

TOTAL PEOPLE Per Day _____

Attendees _____	Caterers _____	Sound _____	Music _____
Spectators _____	Chefs _____	Entertainment _____	Vendors _____
Employees _____	Wait Staff _____	Electrical _____	Exhibitors _____
Organizers _____	Animal Care _____	Bartenders _____	Other _____

DURATION: _____ day(s)

DATE(S) of Event: ____/____/20__ to ____/____/20__ **Hours of Event:** _____ am / pm to _____ am / pm

For events of more than one day in duration, please include additional information with regard to dates and hours of operation

DATE(S) for SET UP _____ **DATE(S) for SITE TO BE CLEANED UP** _____

Please note insurance certificate must include coverage for set-up and clean-up dates.

ADMISSION FEE: \$_____ (General Admission)

SPECIAL ADMISSION FEES (tables, groups, children, seniors, etc.) _____

EVENT DESCRIPTION: Provide website: _____

AND please provide a description including a detailed explanation of the purpose of the proposed event, the nature of the activities to be carried on, the objective and how the event is in compliance with the Town Code. Additional sheets may be added if necessary.

LOCAL GROUPS, ORGANIZATIONS, CHARITIES OR INDIVIDUALS who will benefit from the proceeds of the event and who are designated to receive proceeds. **As defined in NYS Executive Law 171, a local charity is one that has offices within the Town of Southampton or an organization that provides services or funds that directly benefit Southampton Town residents.**

Name	Mailing Address	City/Hamlet/Village	State	Zip Code	\$Amount
Name	Mailing Address	City/Hamlet/Village	State	Zip Code	\$Amount

As defined in Town Code §283, an applicant that is not a charitable organization shall have 90 days after the event to submit proof in writing including copies of cancelled checks to the FIRE PREVENTION OFFICE that pledges listed above were received by the Designated Charity.

If your organization is not a charitable organization, as defined in CH 283-1 of Southampton Town Code, please describe and note how the event will directly benefit a local charitable organization.

SIGNAGE

All signs should be removed within 3 days of the termination of the event. Flashing or moving signs are prohibited, Town Code §330-203B(8).

Freestanding Signs ONSITE	Freestanding Signs OFFSITE
Number _____	Number _____
Size _____	Size _____
Location _____	Location _____

(List all locations within the Town of Southampton; include dates.)

FIREWORKS

Date: _____

Time: _____

Location: Attach site plan

INCIDENT ACTION PLAN

NYS fire code requires an emergency plan. The incident action plan with the application **must be** submitted and approved by Chief Fire Marshal prior to the event. Plan attached: yes _____ no _____



TOWN OF SOUTHAMPTON 20____ SPECIAL EVENTS APPLICATION

SUBMIT PLANS, DRAWINGS, INCLUDING HANDICAP ACCESSIBILITY, AND
COMPLETE THE FOLLOWING REQUESTS FOR INFORMATION

INTENT FOR USE OF UNMANNED AIRCRAFT AT SPECIAL EVENT/PARADE

Pilot's Name Email Telephone

License #: _____ (Copy of the license must be included with the application.)

Date/Times of Planned Flight: _____

Any Special Provisions Requested: _____

NOTE: This Permission, when issued, will be subject to all applicable regulations of the Federal Aviation Administration.
THE FOLLOWING INFORMATION MUST BE SUBMITTED: A DETAILED MAP OR PLAN, DRAWN TO SCALE, SHOWING ALL OF THE REQUIRED ELEMENTS LISTED BELOW WITH A SUMMARY OF ITEMS INCLUDED ON MAP, AS WELL AS ALL OTHER APPLICABLE INFORMATION AND MATERIAL REQUIRED. PLEASE INDICATE BY CHECK MARK THE FOLLOWING INFORMATION WHICH HAS BEEN INCLUDED IN PLANS SUBMITTED. INSERT "N/A" IF NOT APPLICABLE.
NO BLANKS.

1. Filing Fee: **Number of Set Up days** _____ **Number of Event days** _____
 - (1) for 1 day event with less than 250 people: **\$50 per event day; \$25 per set up day**
 - (2) for events occurring over more than one day and/or events with 250 - 500 people: **\$150 per event day; \$75 per set up day**
 - (3) for events occurring over more than one day and/or events with 500 - 1000 people: **\$300 per event day; \$150 per set up day**
 - (4) for events occurring over more than one day and/or events with 1000 - 3000 people: **\$650 per event day; \$250 per set up day**
 - (5) for events occurring over more than one day and/or events with more than 3000 people: **\$1,350 per event day; \$600 per set up day**

- Filing Fee, Parcels with PDD designation: (1) for 1 day event with less than 250 people: **\$50 per event day; \$25 per set up day**
 (2) for events occurring over more than one day and/or events with 250 - 500 people: **\$100 per event day; \$50 per set up day**
 (3) for events occurring over more than one day and/or events with more than 500 people: **\$200 per event day; \$100 per set up day**

Late Application Fee: \$10/per day beyond the submission deadline in §283-2B, 31 -75 days late: \$30/per day, if accepted between 76 - 90 days late a flat fee of \$2,500.

APPLICATION WILL CONTINUE TO ACCRUE LATE FEES UNTIL DEEMED COMPLETE

Summonses may be issued to events that exceed the number of attendees on the permit.

Any **amendment** to the application for a Special Event permit will be subject to an amendment fee of **25%** of the applicable application fee. Amendments may include changes to the location, route, parking plan, number of people expected, etc. Amendments to Incident Action Plans or Parking Plans at the request of the Town are not considered amendments to the application.

2. Comprehensive Liability Insurance Policy naming the Town of Southampton, 116 Hampton Road, Southampton, NY 11968 as an additional insured in the amount of \$1,000,000. If serving alcohol, Liquor Liability Insurance naming the Town of Southampton as an additional insured will also be required. *Insurance coverage must include set-up and break-down time and must list the name, date & location of the event under description of operations.*
3. Disclosure Affidavit, Owner's Endorsement, Authorization for Inspection & Indemnity, Consent of Agent for Service on pages 7 - 11, of application. **GARDEN TOURS ONLY:** separate form to replace 8&9.
4. Copy of current contract or agreement with property owner.
5. Detailed Map, Plan or Sketch, Drawn to Scale, showing the following, on 8½ x 11 paper:
 - Location, Size and Number of the Following:
 - a. Existing Building(s) or Structure(s)
 - b. Proposed Temporary Building(s), Structures(s) or Trailer(s)
 - c. All Access Roads Including Internal Circulation
 - d. Tent(s), including size, number and location. **Permit required from Chief Fire Marshal for all tents greater than 200 square ft.** Contact 702-2919 for more information.
 - e. Stages, Decks, Bleachers, Platforms **(If applicable certification and/or inspection)**
 - f. Areas of Assembly for Spectators, Vendors, Exhibitors, Employees, Organizers, Animals
 - g. Exits, Width(s) Specified
 - h. Restrooms, Including Handicap Accessibility
 - i. All Temporary Utilities
 - ____ Generator(s) ____ Fuel Storage ____ Cooking Facilities ____ Water (Supply, Storage, Distribution)
 - j. All Audio Equipment (Loudspeakers, Horns, Music, etc.)
 - k. Location of Fire Extinguishers, Location of Fire Lanes, Location of Water Supply
 - l. Dumpsters, Trash Barrels
6. Letter from Participating Charity, confirming the anticipated donation. Non-profit organizations must show proof of prior year's donation in the form of a cancelled check 90 days after the event date.
7. Incident Action Plan. Any questions regarding this document, call the Chief Fire Marshal's Office at 702-2919

or JJRankin@southamptontownny.gov



TOWN OF SOUTHAMPTON

20 _____ SPECIAL EVENTS APPLICATION

- 8. ___ Use of Town Facilities. If the Event is to be held at a Town Park, Beach or other Town-owned Property a "Facility Use Permit" is required pursuant to Town Code §111-3D. If and when both a facility use permit and a special event permit are required, the validity of the facility use permit is contingent upon issuance of the special event permit (Southampton Town Code 283-7). Please contact Parks & Recreation (728-8585) for information regarding a facility use permit. In addition all vendors hired by host shall provide proof of general liability, workers compensation, disability insurance and licenses required by New York State, Suffolk County or the Town of Southampton
- 9. ___ Plan for Disposal of Garbage, Trash, Rubbish and Sanitary Waste and Sewage including dumpster location. Attach Town of Southampton Solid Waste Collection Permit (Southampton Town Code 205-5)
- 10. ___ Parking Plan both onsite and offsite (if applicable) including method of transport, layout, ingress and egress, loading and delivery, passenger pick-up/dischage.
- 11. ___ Plan, drawings and locations for All Signs.
- 12. ___ Lighting Plan. Include Type(s) of lighting, overhead, ground etc. and number of fixtures by type (search lights, strobe lights, laser lights or revolving lights are prohibited, Town Code 283).
- 13. ___ Copy of Any Applicable Legal Protective Measures (Covenants, Easements, Indentures or Other Restrictions, Including Approvals/ by the Southampton Town Board, Planning Board, Zoning Board of Appeals or Conservation Board.)
- 14. ___ Additional Town permits may be required: (1) Events with Animals (Southampton Town Code §150-9). Contact Department of Animal Control, 702-2915 (2) Events with Fireworks (Southampton Town Code §164-5). Contact Fire Prevention, 702-2919.
- 15. ___ Copy of Sanitary, Food Service or other Health related permits issued by the Suffolk County Department of Health Service along with a valid Workers Comp Certificate listing the Town of Southampton as certificate holder. If alcohol is being served, additional insurance for Liquor License and NY State Liquor Permit is required. (See page 3)
- 16. ___ Security Company: A copy of a NY State License must be submitted, along with a valid Workers Comp Certificate listing the Town of Southampton as certificate holder and a copy of the Certificate of Liability Insurance. A signed contract must be attached if 250+ attendees are expected along with a security plan (See page 3).
- 17. ___ Parking Company: A copy of a valid Workers Comp Certificate and listing the Town of Southampton as certificate holder. A signed contract must be attached if 500+ attendees are expected (See page 3).
- 18. ___ Residential Zoning Requirement, CH 283-3H.
- 19. ___ Copy of Electrician's Suffolk County Electrician's License (See page 3).

PLEASE SUBMIT ORIGINAL APPLICATION, PLANS & ALL DOCUMENTATION

I hereby depose and certify that all the above statements and information and all statements and information contained in the supporting documents and drawings attached hereto are true and correct. I hereby agree to provide notice in writing to the FIRE PREVENTION OFFICE immediately, should there be any material changes regarding the information submitted in this application. I hereby authorize officials and employees of the Town of Southampton to enter the property to make any and all inspections necessary in connection with this Special Event.

Sworn to before me this

_____ day of _____, 20____

Name of Applicant

Notary Public

Applicant Signature

A false statement made herein is punishable as a class A misdemeanor pursuant to section 210.45 of the penal law of the State of New York.

****NOTICE: A violation of any of these provisions of chapter 283 pertaining to special events permits shall be a misdemeanor and shall be punishable as the chapter provides.***



Town of Southampton

20___ Special Events Disclosure Affidavit

STATE OF NEW YORK }
 } ss:
 COUNTY OF SUFFOLK }

_____ being duly sworn, deposes and says:
 Print Name

I am an applicant for a Special Event permit. I make this affidavit under penalty and swear to the truth herein. I am aware that this affidavit is required by General Municipal Law §809 and Southampton Town Code Chapter 23 and that I shall be guilty of a misdemeanor should I knowingly or intentionally fail to make all disclosures herein. I am also aware that I may be subject to the penalties in Southampton Town Code §23-14 should I knowingly or intentionally fail to make all disclosures herein.

1. I reside at _____
2. The officers of the applicant corporation are as follows:
 - a. Pres. _____ Sec. _____
 - b. Vice Pres. _____ Treas. _____
3. Do any of the following individuals have an interest in the applicant or owner (as defined on page 2, note "A")?

	Yes	No
1. Any official of New York State	_____	_____
2. Any elected or appointed official or employee of Southampton Town	_____	_____

If the answer to Question 3 is yes, General Municipal Law §809 and Town Code Chapter 23 require that you disclose the name and the nature and event of the interest of said individual(s) in the applicant or owner.

<u>Name</u>	<u>Residence</u>	<u>Nature of Interest</u>

4. During the 24 months before the filing of this application, have any of the following individuals made campaign contributions exceeding \$500 in total, in cash or in kind, to the campaign for public office of any Town officer or employee, to any individual campaign committee, or to any political party committee designated to accept donations on such Town official's or employee's behalf as a candidate for public office?

	Yes	No
1. Owner	_____	_____
2. Applicant	_____	_____
3. Agent for owner or applicant	_____	_____
4. Attorney	_____	_____
5. Other	_____	_____

If the question to Question 4 is yes, Town Code Chapter 23 requires that the information be provided below:

<u>Name/Address</u>	<u>Amount/Date</u>	<u>Name of Campaign Committee</u>



TOWN OF SOUTHAMPTON

20__ SPECIAL EVENTS DISCLOSURE AFFIDAVIT

5. During the preceding 24 months before the filing of this application, have any of the following individuals employed any Town officer or employee or a relative thereof involving compensation in an amount of \$500 or more? Said compensation may be directly made, or indirectly made through a corporation or business interest held by any Town officer or employee or their relative.

	Yes	No
a. Owner	_____	_____
b. Applicant	_____	_____
c. Agent for owner or applicant	_____	_____
d. Attorney	_____	_____
e. Other	_____	_____

If the answer to Question 5 is yes, Town Code Chapter 23 requires that the information be provided below:

<u>Name</u>	<u>Position (Owner, Agent, Attorney, Other)</u>	<u>Corporation</u>
_____	_____	_____
_____	_____	_____

Applicant Signature

Sworn to before me this
_____ day of _____, 20__

Notary Public

A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

For the purposes of this disclosure, an official of the State of New York or an elected or appointed official or employee of the Town of Southampton shall be deemed to have an interest in the applicant and/or owner when that official or employee, their spouse, brothers, sisters, parents, children, grandchildren or the spouse of any of them is:

- a. the applicant or owner; or
- b. an officer, director, partner, or employee of the applicant or owner; or
- c. Legally or beneficially owns or controls stock of a corporate applicant or owner, or is a member of a partnership or association applicant or owner; or
- d. Is a party to an agreement with the applicant or owner, express or implied, whereby said official or employee may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application. Ownership of less than five percent of the stock of a corporation whose stock is listed on the New York Stock or American Stock Exchange shall not constitute an interest for the purposes of this disclosure.



TOWN OF SOUTHAMPTON

20__ RECORD OWNER'S ENDORSEMENT Page 1 of 1

IF MORE THAN ONE OWNER, A SEPARATE PAGE MUST BE SIGNED AND SUBMITTED BY EACH PROPERTY OWNER

STATE OF NEW YORK }

} ss:

COUNTY OF SUFFOLK }

I, _____, being by me duly sworn,
please print name

deposes and says,

I am: (check one)

a part owner in fee

the sole owner in fee

an officer of the corporation which is the owner in fee

of the premises described in the foregoing Application.

I reside at _____
Street

I have authorized _____ to make the foregoing Application to the Chief Fire Marshal for a Special Event Permit as described, herein. I have provided and attached all required documentation regarding applicable protective legal measures, including, but not limited to, covenants, easements, indentures or other restrictions placed on said property, including actions by the Southampton Town Board, Planning Board, Zoning Board of Appeals, or Conservation Board.

Signature of Property Owner

(If Owner is a corporation, please indicate name of corporation and title of corporate officer whose signature appears above)

Sworn before me this

_____ day of _____, 20__

Notary Public



TOWN OF SOUTHAMPTON 20____ AUTHORIZATION FOR INSPECTION AND INDEMNITY AGREEMENT

Property Owner Page 1 of 1

**IF MORE THAN ONE OWNER, A SEPARATE PAGE MUST BE SIGNED AND SUBMITTED
BY EACH PROPERTY OWNER**

STATE OF NEW YORK }

}ss:

COUNTY OF SUFFOLK }

I, _____, being by me duly sworn,
please print name

deposes and says: I am the Owner of the Property located at:

described in the foregoing Application, and that I have authorized Officials and Employees of the Town of Southampton to enter my property to make all inspections necessary in connection with this Special Event.

Furthermore, in consideration of issuance by the Town of a Special Event Permit on the Property, the Owner voluntarily agrees to indemnify and hold the Town of Southampton and its officers, employees, and agents harmless from and against any and all losses, liabilities, damages, or costs sustained by any person for personal injury, death, or property damage arising out of, or as a consequence to the Special Event.

The undersigned further agrees to indemnify and hold harmless the Town and its officers, employees, and agents from and against any and all losses, liabilities, damages, or costs which may be imposed upon, incurred by or asserted against the Town by reason of any act of omission of the undersigned, which result in damage or injury of any kind to any person or any property and which arises out of or is in any way connected with the event permitted by this permit.

Signature of Property Owner

(If Owner is a corporation, please indicate name of corporation and title of corporate officer whose signature appears above)

Sworn before me this

_____ day of _____, 20____

Notary Public



TOWN OF SOUTHAMPTON

20__ Affidavit-Consent of Agent for Service Page 1 of 1

STATE OF NEW YORK }

} ss:

COUNTY OF SUFFOLK }

I, _____, by me being duly sworn, deposes and says, I reside at
please print name

No. _____, _____, State of New York,
Street Town/City

and do hereby consent and accept service by mail to the above address, of any and all papers and instruments of any kind, including, but not limited to orders, civil summonses and complaints, motions for preliminary injunction, appearance tickets and/or criminal summonses for any matters arising out of or relating to the

_____ Special Event occurring
on or about _____, 20__.

My date of birth is _____, my telephone number is _____, and my mailing
address, if different than my street address, is _____,

Town/City

I understand that by executing this document I am affirmatively waiving the requisite personal service requirements of the New York State Criminal Procedure Law and the New York State Civil Practice Laws and Rules. Furthermore, by executing this document, I hereby consent to the personal jurisdiction of the Southampton Town Justice Court and the Supreme Court for the State of New York in connection with any and all legal action that the Town of Southampton commences arising out of or relating to the aforementioned Special Event. In addition, I hereby waive any and all jurisdictional defects and/or defenses as to any matter arising out of or relating to the subject Special Event.

Applicant Signature

Sworn to before me this

_____ day of _____, 20__

Notary Public



TOWN OF SOUTHAMPTON 20__ INDEMNITY AGREEMENT

Applicant Page 1 of 1

STATE OF NEW YORK }

} ss:

COUNTY OF SUFFOLK }

Pursuant to Town Code §283-11, this Agreement is made this ____ day of _____, 20__
by and between the Town of Southampton (hereinafter "Town") and
_____ (hereinafter "Applicant"):

Applicant hereby agrees it shall protect, indemnify and hold harmless the Town, Town's consultant (if any), its officers, officials, members, agents, invitees and employees, from and against all liabilities, fines, penalties, actions, damages, claims, demands, judgments, losses, costs, expenses, suits or actions including reimbursement of attorney's fees, and shall defend the Town in any suit including appeals, or at the Town's option, pay reasonable attorney's fees for defense of such suit arising out of the acts or omissions or negligence of the Applicant, its officers, officials, lessees, licensees, agents, employees, invitees or subcontractors in connection with the activities referred to in this Special Event Permit.

The Applicant, in addition to any terms contained herein, assumes all risks in the operation of the Special Event and shall be solely responsible and answerable in damages for all injuries and accidents in person or property and thereby covenants and agrees to defend, indemnify and save harmless the Town of Southampton and its officials, employees and agents from all claims, suits actions, losses, damages or injuries to person or property, whether direct or indirect arising out of the operation of the Special Event. The risk of loss, damage or destruction from any peril to the furniture, fixtures, equipment or other personal property of the Applicant or its invitees, employees or its subcontractors shall be borne by the Applicant. The Applicant waives any right to subrogation against the Town for loss, damage or destruction from any peril to the furniture, fixtures, equipment or other personal property of the Applicant.

Applicant Signature

Sworn to before me this

_____ day of _____, 20__

Notary Public

INCIDENT ACTION PLAN

The purpose of this Incident Action Plan (**IAP**) is to identify and mitigate any potential risks associated with the planning, implementation and successful completion of the event referenced below. The parties that are planning and coordinating this event are committed to ensuring that all participants, sponsors, community members and emergency personnel are able to partake in the event in a safe and organized manner. Prior to the event on site personnel must be advised of this action plan and their duties during an actual emergency as well as given a copy. The procedural information contained herein will be strictly adhered to.

***FILL OUT ALL REQUESTED INFORMATION AND MODIFY AS NEEDED
TO REFLECT THE ACTUAL CONDITIONS OF YOUR EVENT.***

Title of Event: _____

Date(s) of Event: _____

Event Description: _____

Location: _____

On scene person in charge of event:

Name: _____

Phone Numbers: _____

E-mail Address: _____

Event Coordinator/Chairperson:

Name: _____

Phone Numbers: _____

E-mail Address: _____

Medical Emergencies Procedure

All medical emergencies will be reported to Police, EMS or event personnel as soon as possible either in person or via phone. Event personnel, when notified, will call directly to 911 or notify on site EMS and Police and report the incident/ problem. Responding emergency vehicles will enter the event from _____ or depending on the location of the emergency a location determined by Police or EMS. The on-site person in charge or event coordinator will make sure an area is open to allow emergency personnel, vehicles and equipment to access the event grounds whenever emergency assistance is needed and this access shall be maintained throughout the event. The nearest hospital for receiving patients is _____ which is located at _____. If the event plan includes a private EMS provider on-scene they will provide on-site care. If the on-site private EMS provider must leave the event prior to its conclusion, they must notify the on-site event coordinator and the Police prior to leaving and if required arrange for additional EMS during their absence.

Police Emergencies

For all police emergencies on-site police personnel are to be notified or 9-1-1 called immediately. Police enforcement will be provided by the Southampton Town Police Department and/or _____.

Fire Emergencies

For all fire emergencies, 9-1-1 or appropriate emergency number will be called. On-site event personnel and on-site police personnel will be notified with the exact location and type of emergency. On site personnel will assist with evacuation to _____ or if this area is unsuitable to an area designated by the fire personnel or police. Vehicles should not be moved during an emergency response as exiting traffic would inhibit and/or place arriving emergency responders and exiting individuals in peril.

Portable fire extinguishers are located at _____.
Additional Firefighting equipment in the nature of _____ is located at _____.

Lost Child Procedure:

9-1-1 shall be called or Police and on-site event personnel will be notified. In the event of a lost child is found he/she should remain at the location he/she is found at unless the location is unsafe or impractical or until it is determined that it is impractical to remain at the location. The child, if able, will be asked to provide parent/ guardian information. If audio equipment is available an announcement of the situation may be made at the decision of on scene police personnel. The child will remain under the supervision of police personnel or their designee who will ensure the child is comfortable and safe until his/her parent/guardian arrives. Parental identification shall be verified prior to release of the child.

Weather Emergency:

In the event of any weather emergency, the Police, event coordinator or on-site event personnel may decide to halt the event for the safety of participants and the public. At no time will the Police decision to halt an event due to a weather-related event/issue be overridden by others. Coordination for the safety of participants and spectators will be accomplished by _____.

During the entire evacuation/relocation process the on-site police personnel will be apprised of its progress and status. If and when the weather emergency has passed, a decision will be made by police personnel and the event coordinator as to when to allow the event to resume.

Communication Plan:

All on-site event personnel, event coordinator, EMS, Fire and Police personnel must have a means of communication during the event. This will be accomplished by _____.

Emergency Numbers (circle the appropriate agencies)

Police Emergency

Southampton Town Police 911 or 631-728-3400
New York State Police 631-728-3000

Fire Emergency

911 or direct as below

Bridgehampton Fire Department 631-283-0056
Eastport Fire Department 631-924-5252
East Quogue Fire Department 631-728-5456
Flanders Fire Department 631-924-5252
Hampton Bays Fire Department 631-728-5456
North Sea Fire Department 631-283-0056
Quogue Fire Department 631-924-5252
Riverhead Fire Department 631-727-2750
Sag Harbor Fire Department 631-324-6550
Southampton Fire Dept 631-283-0056
Westhampton Beach Fire Dept. 631-924-5252
Southampton Town Fire Marshal 631-728-5000

Medical Emergency

911 or direct as below

Bridgehampton FD Ambulance 631-283-0056
East Quogue FD Ambulance 631-728-5456
Flanders Ambulance 911 or 631-728-3400
Hampton Bays Ambulance 911 or 631-728-3400
Riverhead Ambulance 631-727-4500
Sag Harbor Ambulance 631-324-6550
Southampton Ambulance 911 or 631-728-3400
Southampton Village Amb. 631-283-0056
Westhampton Ambulance 631-924-5252

Southampton Hospital 631-726-8200
Peconic Bay Medical Center 631-548-6000
Stony Brook Medical Center 631-689-8333

Miscellaneous

OSHA 631-334-3344
Poison Control 516-542-2323
Suffolk Health Dept. 631-231-1880
SH Town Animal Control 631-728-5440
SH Town Parks 631-728-8585
SH Town Highway 631-728-3600
Suffolk Highway 631-852-4070
State Highway 631-376-3552
Metro Traffic 516-803-9020
Shadow Traffic 201-939-6688