

Neighborhood Safety & Preparedness Program Emergency Information Form

Number	Street	Main Phone Number	2 nd Home Phone	Circle Phone # if unlisted

Name of Primary Residents	Business Phone	Cell Phone	e-mail
1			
2			

If you **DO NOT** want to be listed in the all-tract directory, check here ____
 If you **DO NOT** wish neighbors on your street to have your info, mark here ____ (will be kept by street contact)

Other Adults Living/Working at the Residence

Name	Name	Name

Children Living at the Residence

Name	Year of Birth	Name	Year of Birth

Pets

Name	Description	Name	Description

Vehicles Usually at Residence

Year	Make	License	Color

Does someone in your home have special needs in an emergency (non-English speaking, vision impaired, elderly, mentally challenged, hearing impaired, children alone, mobility impaired)?

Is someone in your residence an amateur radio operator who could help in an emergency (show call letters)?

Does someone in your residence have current first aid, CPR, CERT, or other medical training skills?

Do you have disaster response equipment (vehicle for transporting victims, power/hand tools, trailer/motor home to serve as command center, FRS radio, etc.)?

Does someone in your residence serve as a translator? Please list language.

If you wish to show another emergency contact (possibly outside of the neighborhood), please list the name and phone number here.

Do you wish to be a street contact? _____ (Y/N)