

DISASTER PREPAREDNESS NEIGHBOR INFORMATION

Block # _____ Block Captain _____

HOUSE ADDRESS _____

RESIDENT NAMES & AGES _____

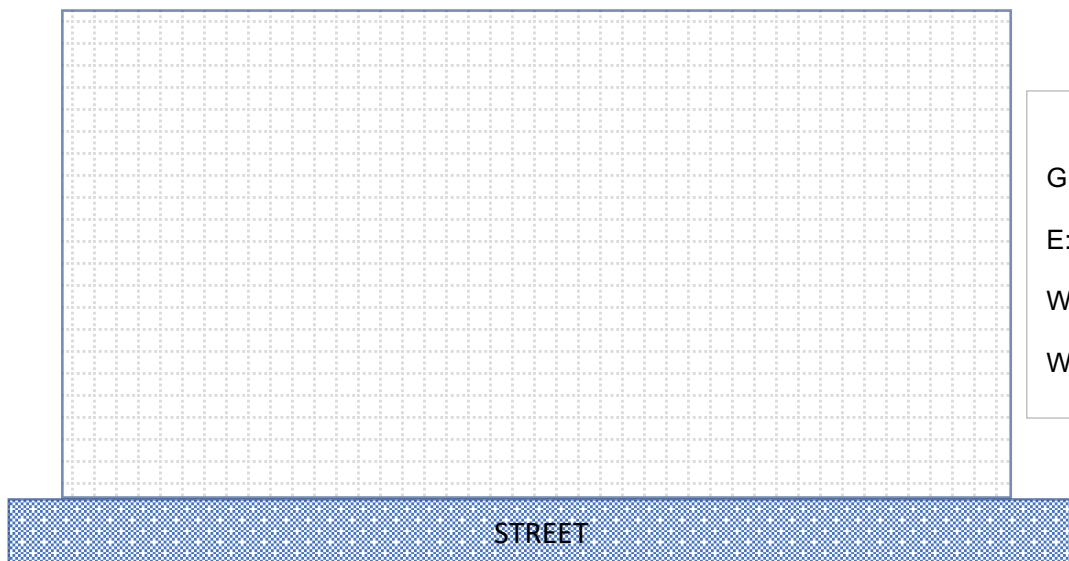
PHONES: HOME _____ MOBILE #1 _____

MOBILE #2 _____ MOBILE #3 _____

PETS - NAME, DESCRIPTION _____

SPECIAL NEEDS _____

UTILITY SHUT-OFF LOCATIONS:



LABEL DIAGRAM:

G: Gas Meter

E: Electrical main panel

W: Water main valve

WM: Water meter

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Residents in the home with special skills or training of help in a disaster? Provide name & mobile phone number:

- | | |
|--|---|
| <input type="checkbox"/> Doctor _____ | <input type="checkbox"/> CERT _____ |
| <input type="checkbox"/> CPR Trained _____ | <input type="checkbox"/> Veterinarian _____ |
| <input type="checkbox"/> First Aid Trained _____ | <input type="checkbox"/> PD or FD _____ |
| <input type="checkbox"/> EMT _____ | <input type="checkbox"/> Military Trained _____ |
| <input type="checkbox"/> HAM Radio _____ | <input type="checkbox"/> Contractor _____ |

Tools in household that homeowners are willing to share in a disaster?

- | | |
|--|---|
| <input type="checkbox"/> Chainsaw (gas/electric) | <input type="checkbox"/> Long-Handled Axe |
| <input type="checkbox"/> Crowbar | <input type="checkbox"/> Handsaw |
| <input type="checkbox"/> Gas Generator | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Outdoor Portable Lights | <input type="checkbox"/> Large Tent or Canopy |
| <input type="checkbox"/> Camp Stove, Propane | |

OTHER/NOTES: _____

