## THIS INFORMATION WILL BE KEPT CONFIDENTIAL

***I / this person will need assistance in the event of an emergency or evacuation: PLEASE PRINT***

| | | |
|---|---|---|
| name | | date |
| street address | | |
| city | state | zip code |
| phone number<br>home ( ) | cell ( )<br>work ( ) | *TDD/TTY ( ) |
| If you are a part-time resident (i.e., summer only), please list the months you are living at this address: | | From:<br>To: |

* Telecommunication Device for the Deaf/Text Telephone

***Please mark an "X" in each box that applies.***

**This is a new survey, or one that hasn't been updated in years.** ☐

**Need assistance for evacuation for the following reasons:**


☐ Hearing impaired and need assistance for evacuation.


☐ I use a wheelchair and need an accessible ride.
☐ Folding Wheelchair
☐ Electric Wheelchair

☐ Life Support Device and need special assistance. (Explain)_____


☐ Sight impaired and need assistance for evacuation


☐ Use *TDD/TTY

☐ Other needs that will prevent prompt evacuation. (Explain)_____


☐ Confined to bed.


☐ Need a ride for evacuation.

Name of person completing this survey _____Phone: ( )_____

***Relative or other person we can notify to help you in the event of an emergency or evacuation:***

| | | |
|---|---|---|
| NAME | | |
| STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |
| PHONE NUMBER<br>HOME ( ) | CELL ( )<br>WORK ( ) | *TDD/TTY ( ) |