

CARMEL VALLEY FIRE PROTECTION DISTRICT

Neighborhood Information for Disaster Planning

(Please complete the following information about your family. This information will be kept confidential and only used for disaster planning purposes)

Neighborhood/Area: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Contact numbers (include home phone, cell and email addresses: _____

For each person residing at this residence:

List name, age range (elder, adult, teen, child, infant) skills/talents/abilities in a disaster:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Specific life-saving needs or assistance required for residents (oxygen, bedridden, wheelchair bound, don't drive/have no vehicle, other: _____

For each animal residing at this residence: (use back if more space needed)

List type, name, age, special needs in an evacuation (needs to be evacuated by others)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you were asked to evacuate your home, would you go to a relative or friend's residence, Red Cross shelter, or other? Please provide contact name and phone number:

If you are asked or required to evacuate "In Place", how many hours/days do you have provisions for? (we ask that you be prepared for a minimum of 72 hours (3 days). _____

List additional information that will help us assist you or you assist us during a disaster:

Disclaimer: I have provided this information to the Carmel Valley Fire Protection District for disaster planning purposes only.

Signature

Date