

EMERGENCY INFORMATION

This form will NOT be posted as Public information and will be held only as CONFIDENTIAL by the HGCSO Emergency Action Project Manager.

RESIDENT(S) INFORMATION

Name: _____ Name: _____

Phone: _____ Phone: _____

ADDRESS: _____

Owner _____ Tenant _____

LOCAL CONTACT(S) / NEXT OF KIN

Name: _____ Name: _____

Phone: _____ Phone: _____

Relation: _____ Relation: _____

GENERATOR

Do you have a generator? _____

If it requires fuel for operation, would you need any start up assistance? _____

Comments: _____

ADDITIONAL INFORMATION: FIRE SAFETY & SNOW EVENTS

Would you need help to remove snow for access to your vehicle or street? _____

Would you like to receive help or guidance with (roof) leaf or tree removal? _____

Comments: _____

- Upon the time of an extreme weather event or fire incident, would you like to be listed as a VOLUNTEER to assist residents who may need help? _____
- Would you be interested in being a part of the HGE Emergency Communication Phone Tree? _____

Comments: _____

PETS

Do you have pets? _____ How many? _____

If so, would you need assistance to safely relocate your pet(s) upon damage to your residence or during an evacuation? _____

Comments: _____

