

This card is for those who live in the Emergency Planning Zone and would require special evacuation assistance. Complete a separate card for EACH individual in your household who needs special assistance. Call County Office of Emergency Services at 781-5011 for additional cards. Please fill out and return the card, even if you have filled out cards in the past.

## TO REMAIN ON THE LIST, YOU MUST RETURN THIS CARD EACH YEAR

Name \_\_\_\_\_

Residence Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

What is the nearest major cross street to your home address? \_\_\_\_\_

Protective Action Zone (refer to Emergency Planning Zone Map in this calendar) \_\_\_\_\_

1. I have the following disability (*check appropriate boxes*):

Hard of Hearing       Legally Blind       Developmentally Disabled

Physically Disabled       Bed Bound       Other

Please describe extent of the disability: \_\_\_\_\_

2. I use the following special equipment (*check appropriate boxes*):

Wheelchair       Walker       Service Animal

Oxygen       Other Specialized Equipment

3. I have a telephone (*check appropriate boxes*):  TTY       TDD

4.  I live alone       I have an attendant       I have a neighbor who will help me

Print attendant or neighbor's name, area code and phone number:

\_\_\_\_\_

5. I would need special transportation:  Yes       No

If yes, *check the appropriate box*:  Lift Van       Ambulance

6.  Please remove me from the list because:

I no longer need special assistance

I have made other arrangements for evacuation assistance