



Emergency Preparedness Survey

Owner Name: _____

Unit #: _____

Tenant Name (if applicable): _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Other Contact: (____) _____ - _____

If you are an out-of-town owner, is there a local contact who can gain access to your unit? (If yes, please give contact information. If no, please give us directions as to how you would like us to protect your unit.) YES NO

Do you have special skills (i.e., nursing, CPR, first aid training, etc.) that we could call on to assist others? If yes, please explain. YES NO

Do you have tools (ax, crowbars, etc.) that might be helpful in extricating someone who might be trapped inside their home? If yes, please list. YES NO

Do you have pets who are generally home alone during the day? YES NO

If you are elderly, and home alone, do you need additional assistance? YES NO

Please give us an emergency contact:

Name: _____

Relationship: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Other Contact: (____) _____ - _____

I understand this information will not be published without my consent, but I do authorize use of it should there be an emergency situation.

Signature

Date