



BRADBURY DISASTER DATA

All Information is Voluntary and Kept Confidential

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Email Address: _____ Business Phone: _____

1. Permanent Residents:

2. Other Residents (Guests, Employees):

3. Special Medical Needs: (*Respirator, Refrigeration of Medicines, Wheelchair bound etc.*)

4. Are there any services/skills you can offer in case of an emergency? (*Doctor, Nurse, Veterinarian, first aid, amateur radio operator, etc*)

5. Emergency Equipment and/or Supplies you can offer in an emergency (*such as tractors, chainsaws, generators, pool pumps, etc.*)

Type

Location

Next Page ➡

6. Animals/pets:

Type of Animal

Quantity

7. A. Do you have a way to transport your animals (*Horse Trailer*) in case of an emergency or a designated place to keep your animals during the emergency?

B. Do you have space to include neighbor's pets either in transportation or housing?

8. Utility Shut-off Locations (*Example: Gas shut off on the Right side of house toward the rear*):

Gas

Water

Electricity

9. Other Information/Suggestions: _____
