



HOUSEHOLD INFORMATION IN CASE OF DISASTER

All information is confidential. It will be kept by the Neighborhood Liaison or Area Coordinator so that the safety of all people and homes in the neighborhood can be checked during a disaster.

FAMILY /HOUSEHOLD NAME: _____

Address (street) _____

Phone (home) _____ (work) _____ (cell) _____

Email: _____

Alternate Phone/Email: _____

Household Listings: Please list likely daytime locations and phone numbers for everyone living in the residence. Include children's ages and schools. Include pets' names and brief descriptions. **List special circumstances beside each name, (e.g., diabetic, allergies hearing impaired, visually impaired, etc.)**

1. Name: _____ (Relationship): _____

2. Name: _____ (Relationship): _____

3. Name: _____ (Relationship): _____

4. Name: _____ (Relationship): _____

EMERGENCY CONTACTS (One contact should be outside the Bay Area):

1. Name: _____ Address: _____

_____ Phone: _____

2. Name: _____ Address: _____

_____ Phone: _____

3. Name: _____ Address: _____

_____ Phone: _____

PERMISSION TO SHUT OFF UTILITIES: In the event that no one is at home, I/we hereby give permission for water, gas, and/or electricity to be shut off if it is necessary to do so for the safety of the house and the neighborhood. Signed: _____

UTILITY SHUTOFFS Please indicate the location of the gas and water shutoff valves, and the electrical service main shutoff switch by marking the diagram below:

