

Appendix D—Resident Information Sheet

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This information will help NEPP members organize a response and communicate with you if a disaster strikes. You are not required to give us any of this information, and we will keep private the information you do give us.

However, we would like to share with all neighbours who are participating in the NEPP plan a list of everyone's name, address, and phone number. Do you give us consent to share that information?

Yes, I consent to sharing my name, address, and phone number with all neighbours participating in the NEPP plan.

No, please don't share my name, address, or phone number.

Address: _____

Residents' Name: _____

Phone: (H): _____ (C): _____

Email: _____

Offsite owner information

Phone: _____ Email: _____

Emergency contact

Name: _____

Phone: _____

Address: _____

Occupants

Number of Adults _____ Number of Children _____

Number of Cats _____ Number of Dogs _____

Other _____

To help you or your family after a disaster, consider including here any medical issues or specific needs that may help rescuers.

Name	Medical Issue or Specific Need

Skills and resources

Do you have any special skills or resources that you think would be helpful after a disaster?
Please include them here. (Optional)

SKILLS: (Examples: Nurse / Carpenter / Child Care Provider / Plumber / Ham Radio Operator)

RESOURCES: (Examples: Generator / Chain saw / Pet crates / Excavator / Event tent)