

GARVIN COUNTY

EMERGENCY MANAGEMENT * STORM SHELTER

ALL Information Collected is for Emergency Officials ONLY to Help Ensure the Safety of You and Your Family!!!

NAME _____

E911 ADDRESS _____

CONTACT # () - () -

HOUSEHOLD MEMBERS (Info for emergency workers only to make sure all your family members are located and together.)

Name	Sex	Age

EMERGENCY CONTACT
(not living at this residence): _____ () -

STORM SHELTER Y / N EMERGENCY PLAN Y / N EVACUATION PLAN Y / N

STORM SHELTER LOCATION

IS THIS A COMMUNITY/EXTENDED FAMILY SHELTER? Y N

IF YOU DO NOT HAVE A STORM SHELTER, WHERE WOULD YOU GO? (Please check one)

<i>Interior bathroom or closet</i> <input type="checkbox"/>	<i>Neighbor's house</i> <input type="checkbox"/>
<i>Other room inside the house</i> <input type="checkbox"/>	<i>Public Storm Shelter</i> <input type="checkbox"/>
<i>Basement</i> <input type="checkbox"/>	<i>Other</i> <input type="checkbox"/>

DETAILS: (neighbor's address, name of public shelter, any other information that might be helpful to emergency workers.)
