



Date: _____
Due Date for Update: _____

Disaster Plan

NAME _____
ADDRESS _____
CITY /STATE/ZIP _____
PHONE: _____ FAX: _____

SPECIAL NEEDS/CONSIDERATIONS: _____

DIRECTIONS TO HOME FROM A MAJOR INTERSECTION: _____

OUT OF AREA CONTACT PERSON:

NAME: _____
RELATIONSHIP: _____
HOME ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ CELL: _____
ALTERNATE PHONE: _____

INSURANCE (Company and phone)

PROPERTY: _____
FLOOD: _____
LIABILITY: _____

Date: _____
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EVACUATION

EVACUATION Route #1:

EVACUATION Route #2:

UTILITY PHONE NUMBERS AND LOCATION OF and HOW TO TURN ON/OFF:

GAS	PHONE NUMBER	_____
	LOCATION	_____
	HOW TO TURN ON/OFF	_____
ELECTRICITY	PHONE NUMBER	_____
	LOCATION	_____
	HOW TO TURN ON/OFF	_____
WATER	PHONE NUMBER	_____
	LOCATION	_____
	HOW TO TURN ON/OFF	_____
HOT WATER	PHONE NUMBER	_____
	LOCATION	_____
	HOW TO TURN ON/OFF	_____
SEWER	PHONE NUMBER	_____
	LOCATION	_____
	HOW TO TURN ON/OFF	_____
DSL	PHONE NUMBER	_____
	LOCATION	_____
	HOW TO TURN ON/OFF	_____

Date: _____
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FAMILY (complete on each individual member)

NAME: _____
RELATIONSHIP: _____
BIRTHDATE: _____

SPECIAL NEEDS/CONSIDERATIONS:

NAME: _____
RELATIONSHIP: _____
BIRTHDATE: _____

SPECIAL NEEDS/CONSIDERATIONS:

NAME: _____
RELATIONSHIP: _____
BIRTHDATE: _____

SPECIAL NEEDS/CONSIDERATIONS:

Date: _____
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NAME: _____
RELATIONSHIP: _____
BIRTHDATE: _____

SPECIAL NEEDS/CONSIDERATIONS:

NAME: _____
RELATIONSHIP: _____
BIRTHDATE: _____

SPECIAL NEEDS/CONSIDERATIONS:

PETS

TYPE (dog, cat, bird, etc)	NAME	AGE	SPECIAL NEEDS
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____