



Evacuation Assistance Registration Form

This form is primarily used for independent-living individuals in the Emergency Planning Zone who would be unable to evacuate themselves due to a disability of medical need. Please fill out this form every year to remain current and provide up-to-date information.

Name _____

Residence Address _____

City & Zip Code _____

Nearest Major Cross Street? _____

Home Phone _____

Cell Phone _____

Signature & Date _____

Protective Action Zone (see Emergency Planning Calendar): _____

Check all that apply:

- Hard of Hearing /Deaf
- Legally Blind
- Developmentally Disabled
- Physically Disabled
- Bed Bound
- Other:

Please describe extent of the disability: _____

I use the following special equipment (check appropriate boxes):

- Wheelchair
- Walker
- Service Animal
- TTY
- Oxygen
- Other Specialized Equipment: _____

- I live alone
- I have an attendant
- I have a neighbor who will help me evacuate

Print attendant or neighbor's name, area code and phone number: _____

- I would need specialty transportation: Yes No
- If yes, check appropriate box: Lift Van Ambulance

- PLEASE REMOVE ME FROM THE LIST –**
- I have made other arrangements for evacuation assistance

This information is considered to be CONFIDENTIAL and will only be used for emergency purposes. If you have any questions, contact the County Office of Emergency Services (805) 781-5011.