

Name: _____

Address: _____

Cell Number or Contact Number: _____

The house/structure sits on: check box in front of answer.

<input type="checkbox"/> Full Basement	<input type="checkbox"/> Partial Basement	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Slab
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In the event of a tornado threat, where do you go? Please be specific. If a shelter, give the location of the shelter on your property. If neighbor's house, give address of neighbor, etc.

Number living in residence: _____ Adult _____ Child

Does anyone in the residence have special needs? Example: wheelchair, walker, on oxygen, etc. If yes, explain: _____

Any other information the fire department should know about your property? (fuel tanks, cutting torch, etc.)
