

INVERNESS DISASTER COUNCIL
NEIGHBORHOOD INFORMATION

CERT trained

All information will be kept strictly confidential. It will be kept by the Neighborhood Liaison or Area Coordinator so that the safety of all people and homes in the neighborhood can be checked during a disaster.

Property Owner: _____

Street Address: _____

Inverness Phone #: _____ Other Contact #s: _____

Cell Phone # _____ Email: _____

How many people live here? Full-time: _____ Part-time: _____

Special Circumstances (elderly, hearing impaired, ambulatory problems, pets, etc.):

Do you have tenants? Full-time: _____ Part-time: _____

Do they live in the main house or separate unit? _____

Tenant Name(s): _____

Inverness Phone #: _____ Other Contact #s: _____

Cell Phone # _____ Email: _____

Emergency Contacts—One contact should be outside the Bay Area.

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

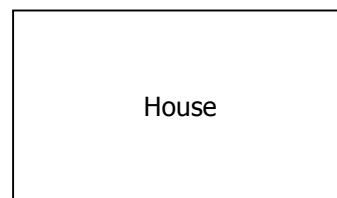
Address: _____

Phone: _____

PERMISSION TO SHUT OFF UTILITIES: In the event that one is at home, I/we hereby give permission for water, propane, and/or electricity to be shut off if it is necessary to do so for the safety of our house and/or the neighborhood.

Signed: _____ Date: _____

UTILITY SHUT-OFFS: Please indicate the location of the water shut-off valve, the propane tank, and electrical service shut-off switch.



Street Side