

# Appendix D—Resident Information Sheet

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*This information will help NEPP members organize a response and communicate with you if a disaster strikes. You are not required to give us any of this information, and we will keep private the information you do give us.*

*However, we would like to share with all neighbours who are participating in the NEPP plan a list of everyone's name, address, and phone number. Do you give us consent to share that information?*

\_\_\_\_\_ Yes, I consent to sharing my name, address, and phone number with all neighbours participating in the NEPP plan.

\_\_\_\_\_ No, please don't share my name, address, or phone number.

Address: \_\_\_\_\_

Residents' Name: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (C): \_\_\_\_\_

Email: \_\_\_\_\_

## Offsite owner information

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Occupants

Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_

Number of Cats \_\_\_\_\_ Number of Dogs \_\_\_\_\_

Other \_\_\_\_\_

To help you or your family after a disaster, consider including here any medical issues or specific needs that may help rescuers.

Name	Medical Issue or Specific Need

**Skills and resources**

Do you have any special skills or resources that you think would be helpful after a disaster?  
Please include them here. (Optional)

SKILLS: (Examples: Nurse / Carpenter / Child Care Provider / Plumber / Ham Radio Operator)

RESOURCES: (Examples: Generator / Chain saw / Pet crates / Excavator / Event tent)