



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. For more information, visit <https://www.prepareso.org/evacassistance/>. If you have any questions, contact the OES at (805) 781-5678.