

Topanga Coalition for Emergency Preparedness (T-CEP)

FAMILY INFORMATION

Family name _____
Address: _____ Home phone: _____
If Applicable- Landlord's name _____ Phone: _____

OUR FAMILY:

Adults:	Work Address:	Phone:
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____

Children:	Age:	School:
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____

Elderly, homebound or disabled: (indicate infirmity)

PETS: _____ (put additional info on back of sheet)

KEY NEIGHBORHOOD CONTACT (Person with key to our home, knows phone numbers to call incase of emergency, likely to know where we are):

Name: _____ Phone: _____

Our home has the following equipment for use in case of emergency:

- | | | | |
|----------------|-----------------------|---------------|--------------------------|
| ___ Pool | ___ Portable pump | ___ Generator | ___ CB/Cellular |
| ___ Ham radio | ___ Fire extinguisher | ___ Tent | ___ 4 Wheel drive |
| ___ Motorcycle | ___ BBQ | ___ Tools | ___ Camping
Equipment |

Family Members who have the following skills for use in a disaster:

- | | | |
|---------------|----------------|------------------------|
| ___ Doctor | ___ Nurse | ___ CPR training |
| ___ Carpentry | ___ Electrical | ___ First Aid Training |
| ___ Cooking | ___ Plumbing | ___ Therapist |

Name: _____

In the event no one is home, we give permission for the gas, water and electricity to be shut off if it necessary for the safety of our house and neighborhood.

Signatures: _____ **Date:** _____

Map: On the reverse side, draw an outline of your home with address and its location on the street, and indicate location of gas, electric meter box and water shut off valves.