

TOWN OF NORTH BRENTWOOD
EMERGENCY PREPAREDNESS SURVEY QUESTIONNAIRE

PLEASE RETURN THIS FORM TO:
NORTH BRENTWOOD TOWN HALL
4009 WALLACE ROAD, NORTH BRENTWOOD, MD 20722

NAME: _____

ADDRESS: _____

HOME PHONE: _____ **MOBILE NUMBER:** _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ **PHONE:** _____

NUMBER ADULTS IN HOUSEHOLD:

AGE: 18-35 ____ 36-45 ____ 46-55 ____ 56-65 ____ 66-75 ____ 75-OVER ____

NUMBER OF CHILDREN IN HOUSEHOLD:

AGE: INFANT-2 ____ 3-7 ____ 8-10 ____ 11-15 ____ 13-17 ____

ARE ANY HOUSEHOLD MEMBERS DISABLED: YES NO

HOW MANY ARE DISABLED: _____

WHAT IS THE LOCATION OF DISABLED FOR EMERGENCY EXIT:

REAR **FRONT** **OTHER:** _____

**WHAT ARE THEIR SPECIAL NEEDS: (i.e. hearing impaired, need wheelchair access
Diabetic, blind, etc.)** _____

DO THEY NEED A CAREGIVER: YES NO

DO YOU HAVE PETS? YES NO **TYPE:** _____

**THIS INFORMATION IS STRICTLY CONFIDENTIAL, IT IS ONLY USED FOR EMERGENCY
PREPAREDNESS PURPOSES FOR MAYOR AND COUNCIL, TOWN OF NORTH BRENTWOOD
TO ENSURE THAT OUR CITIZENS ARE SAFE DURING AN EMERGENCY.**