

TOWN OF NORTH BRENTWOOD
EMERGENCY PREPAREDNESS SURVEY/QUESTIONNAIRE

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

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE NUMBER _____

EMERGENCY CONTACT INFORMATION: NAME/ADDRESS/PHONE

NUMBER OF ADULTS IN HOUSEHOLD: _____

AGES: 18-35 36-45 46-55 56-65 66-75 76-older

NUMBER OF CHILDREN IN HOUSEHOLD:

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

ARE THERE ANY DISABLED FAMILY MEMBERS IN HOUSEHOLD? YES NO

HOW MANY ARE DISABLED? _____

WHAT IS THE LOCATION OF DISABLED FOR EMERGENCY EXIT? REAR FRONT OTHER (EXPLAIN)

IF SO, WHAT ARE THEIR SPECIAL NEEDS? (SUCH AS HEARING IMPAIRED, NEED WHEELCHAIR ACCESS/DIABETIC ETC.)

DO THEY NEED A CAREGIVER? YES NO

DO YOU HAVE A PET? YES NO TYPE _____

THIS INFORMATION IS STRICTLY CONFIDENTIAL, IT IS ONLY USED FOR EMERGENCY PREPAREDNESS PURPOSES.

MAYOR AND COUNCIL, TOWN OF NORTH BRENTWOOD