

TOWN OF NORTH BRENTWOOD
EMERGENCY PREPAREDNESS SURVEY QUESTIONNAIRE

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

DATE: _____

NAME: _____

ADDRESS: _____

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

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ **PHONE:** _____

NUMBER OF 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: (e.g., hearing impaired, need wheelchair access Diabetic, blind) _____

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, by the Town of North Brentwood's Mayor and Council, to ensure our citizens are safe during emergencies.

CHECK BOX TO ALLOW THE TOWN TO CONTACT YOU REGARDING MEETINGS & EVENTS