

Muir Beach Area Emergency Preparedness Household Registry



The following household information is being offered with the understanding that it will be referred to only in the event of an actual emergency, and then only by my Neighborhood Liaison, Community Coordinator, and the Fire Department.

FAMILY/HOUSEHOLD NAME			DATE
STREET ADDRESS			E-MAIL
PHONE #1	PHONE #2	PHONE #3	FAX

Listed below are household members, including pets, and where they are likely to be found during the day, if they're not at home. Special needs, such as age, medical or physical conditions are also noted.

NAME
DAYTIME LOCATION
SPECIAL NEEDS

NAME
DAYTIME LOCATION
SPECIAL NEEDS

NAME
DAYTIME LOCATION
SPECIAL NEEDS

NAME
DAYTIME LOCATION
SPECIAL NEEDS

In the event of an emergency, this household has, and is willing to share, the following equipment, skills and supplies.

EQUIPMENT: [Note quantity if more than one.]

Axe <input type="checkbox"/>	Hand Tools (Carpentry) <input type="checkbox"/>	Sleeping Bag <input type="checkbox"/>	Motorcycle/Trail Bike <input type="checkbox"/>	Horse <input type="checkbox"/>
Chainsaw <input type="checkbox"/>	Hand Tools (Auto Repair) <input type="checkbox"/>	Tent <input type="checkbox"/>	Vehicle-Recreational <input type="checkbox"/>	CB Radio <input type="checkbox"/>
Hose (water) <input type="checkbox"/>	Propane Camp Stove <input type="checkbox"/>	Bicycle <input type="checkbox"/>	Vehicle-Station Wagon <input type="checkbox"/>	Ham Radio <input type="checkbox"/>
Generator <input type="checkbox"/>	Propane Camp Light <input type="checkbox"/>	Boat (kind) <input type="checkbox"/>	Vehicle-Truck (kind) <input type="checkbox"/>	Scanner <input type="checkbox"/>
Shovel <input type="checkbox"/>	Porta-potty <input type="checkbox"/>	Camping Trailer <input type="checkbox"/>	Vehicle-FWD <input type="checkbox"/>	Walkie-talkie <input type="checkbox"/>
Other <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>
Other <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>