**Map the Neighborhood** - This information is for the purposes of rapid response in the case of an emergency or disaster. In an emergency, this information will be shared with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer Fire Team and Cal-Fire unless you otherwise indicate. This information will be held by neighbor, CERT member, \_\_\_\_\_\_\_\_\_\_\_\_ and will not be shared with any other persons or agency unless you otherwise note permission.

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Name ( optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please indicate if you do NOT want CERT members to access your property after an emergency or disaster or if you only want limited access.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In residence usually**;

**# of Adults** Names ( optional ) Ages ( Optional )

**# of Children** Names ( optional ) Ages ( optional )

Please indicate if any resident has **special needs**. i.e. problems walking, problems with breathing (oxygen tank? ) , problems with vision etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pets** - **# cats** **# dogs**

**#other** Type of Animal \* Please note if any animal is aggressive

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Out of Area Emergency Contact information** ( optional ) : Name: Phone: eMail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**# of Vehicles**. **Make** **Color**

( To determine if residents have evacuated – check of residence will be made even if vehicles are not present to determine if non-resident people are on the property)

Please give us an idea of the layout of your property with the information requested below.

**Example**: 123 Molina - “Jones Residence “

 Power shut off 2,000 gal water storage

Propane Shop-Gasoline GarGarage 2 car we wew

 G

O

O

 Well – water shut off

**0 = Usually occupied** Circular Drive – Fire Turn around ok

1. Please draw roughly, the shape of your property.
2. Please draw the main structures and outbuildings on the property in their general location. Label any building that might be usually occupied. Label any building that might contain hazardous materials ( ie. Gasoline storage, welding gas, etc)
3. Draw the vehicle access -driveways and any other access. Please mark if there is a space for a fire truck to turn.
4. Mark the location of your propane tank(s)
5. Mark the location (s) of water storage. Please note size ( storage tanks or pools)
6. Mark the location of external water shut off.
7. Mark the location of external electrical shut off.

Please add any information that you would like first responders to be aware of in case of a disaster.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission to allow this information to be on file at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer Fire station. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Sign)

 **Or**

I do not want my information to be shared with any agency unless there is an emergency or disaster \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Sign)