EVACUATE NOW!THIS IS AN EMERGENCY SITUATION

I am a neighborhood watch volunteer.
I will be glad to show you my identification.

I am here to provide you with trans emergency situation:		
emergency situation:	(define er	mergency)
You will be transported toto return to your home.	(location)	until it is safe for you
I need to know: (please write your a	nswers)	
· Is there anyone else in the home	?	
No Yes:		
· Do you have any medications tha	at you need to	o bring with you?
No Yes, I need:		
· Do you have a pet?		
No Yes:		
· Is there anyone I should call to te	ell that you are	e relocating?
No Yes:		
	(name and _l	ohone number)
Resident Name:		Age:
Residence Address:		

Neighborhood Watch Volunteer: Please use this form for any neighbor who is deaf or who is otherwise unable to verbally communicate with you.